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GUIDE for AVIATION MEDICAL EXAMINERS

Prepared by the
Office of Aviation Medicine

U.S. Department
of Transportation

**Federal Aviation
Administration**

800 Independence Ave SW
Washington, D.C 20591

June 22, 1992

Dear Doctor:

Enclosed for your use in the evaluation and medical certification of airmen is a copy of the 1992 revision of the Guide for Aviation Medical Examiners. It requires assembly. This revision supersedes previous editions of the Guide which should now be discarded.

Since a significant amount of new guidance material is contained in the revised Guide, please review it carefully. If you have questions regarding the Guide or the information contained in it, please contact your Regional Flight Surgeon.

Chapter 1 of the Guide contains administrative information. Chapters 2, 3, and 4 deal with your conduct of the examination, decisionmaking in respect to certification, and completion of the application, Federal Aviation Administration (FAA) Form 8500-8. The item numbers in the Guide correspond to the item numbers on the application form. In general, references to the applicable regulations, examination procedures, and pertinent decisionmaking information are under each item number. Two areas of significant change in the Guide are:

- Examination procedures for the breasts (pp. 37-38), anus and rectum (pp. 44-45), and genitourinary system (pp. 47-49).

- Examination procedures related to color vision (pp. 80-82).

FAA Form 8500-8 is undergoing a "11992" revision, principally to simplify typing. The "11992" revision is illustrated in this revised Guide. Continue using the "11991" version of FAA Form 8500-8 until your supply is exhausted.

Not all medical conditions encountered in the performance of an examination are discussed in the Guide. Further, though the Guide contains general statements of FAA policy, you should note that final certification decisions are individualized.

I believe you will find the new Guide a useful addition to your library and a significant improvement over previous editions.

Sincerely,

Jon L. Jordan, M.D.
Federal Air Surgeon

Enclosure

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Medical standards established by law are those contained in the Federal Aviation Regulations (FAR), Part 67 (14 CFR 67), a copy of which is included in the Guide for convenience and easy reference.

The Guide includes the Federal Air Surgeon's interpretation of the Federal Aviation Regulations, Part 67, Medical Standards and Certification.

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CHAPTER 1
GENERAL INFORMATION

This chapter provides general information that is important in helping an Aviation Medical Examiner efficiently and effectively perform his or her duties. It also describes Examiner responsibilities as the Federal Aviation Administration's (FAA) representative in medical certification matters and as the link between airmen and the FAA.

1. LEGAL RESPONSIBILITIES OF DESIGNATED AVIATION MEDICAL EXAMINERS

The Federal Aviation Act of 1958 authorizes the FAA Administrator to delegate to qualified private persons certain statutory powers and duties, including the conduct of examinations and issuance of certificates. Designated Examiners have been delegated the Administrator's authority to examine applicants for airman medical certificates and to issue or deny issuance of certificates. Approximately 500,000 applications for airman medical certification are filed and processed each year. The vast majority of medical examinations conducted in connection with these applications are performed by physicians in private practice who have been designated to represent the FAA for this purpose. An Examiner is a designated representative of the FAA Administrator with important duties and responsibilities. It is essential that Examiners recognize the responsibility associated with their appointment.

The consequences of a negligent or wrongful certification, which would permit an unqualified person to take the controls of an aircraft, can be serious for the public, for the Government, and for the Examiner. If the examination is cursory and the Examiner fails to find a disqualifying defect that should have been discovered in the course of a thorough and careful examination, a safety hazard may be created and the Examiner may bear the responsibility for the results of such action.

Of equal concern is the situation in which an Examiner deliberately fails to report a disqualifying condition either observed in the course of the examination or otherwise known to exist. In this situation, both the applicant and the Examiner in completing the application and medical report form, may be found to have committed a violation of Federal criminal law which provides that —

> "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may

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- Defer the action to the Aeromedical Certification Division, AAM-300.

The Examiner **may issue** a medical certificate ***only*** if the applicant meets all medical standards, including those pertaining to medical history.

The Examiner **may not issue** a medical certificate if the applicant fails to meet specified minimum standards or demonstrates any of the findings or diagnoses described in this Guide as "disqualifying" unless the condition is unchanged or improved and the applicant presents written documentation that the FAA has evaluated the condition, found the applicant eligible for certification, and authorized Examiners to issue certificates.

The Examiner must be aware that an established medical history or clinical diagnosis of any of the following is disqualifying:

- Diabetes mellitus requiring insulin or other hypoglycemic medication;

- Angina pectoris;

- Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;

- Myocardial infarction;

- Psychosis;

- Personality disorder that is severe enough to have repeatedly manifested itself by overt acts;

- Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years;

- Drug dependence;

- Epilepsy; and

- Disturbance of consciousness without satisfactory medical explanation of the cause.

An airman who is medically disqualified for any reason may be considered by the FAA for grant of a special issuance of a medical certificate ("waiver"). For medical defects which are static in nature, a specific type of special issuance; i.e., Statement of Demonstrated Ability (SODA), may be granted.

The Examiner **always may defer** the application to the FAA for action. In the interests of the applicant and of a responsive certification system, however, deferral is appropriate only if the standards are not met; if there is an unresolved question about the history, the findings, the standards, or agency policy; if the examination is incomplete; if further evaluation is necessary; or, if directed by the FAA.

The Examiner **may deny** certification ***only*** when the applicant clearly does not meet the standards.

4. PRIVACY OF MEDICAL INFORMATION

Within the FAA, access to an individual's medical information is strictly on a "need-to-know" basis. The safeguards of the Privacy Act apply to the application for airman medical certification and to other medical files in the FAA's possession, and the FAA does not release medical information without an order from a court of competent jurisdiction, written permission from the individual to whom it applies, or, with the individual's knowledge, during litigation of matters related to certification. The FAA does, however, on request, disclose the fact that an individual holds an airman medical certificate and its class, and it may provide medical information regarding a pilot involved in an accident to the National Transportation Safety Board (NTSB) (or to a physician of the appropriate medical discipline who is retained by the NTSB) for use in aircraft accident investigation.

The Examiner, as a representative of the FAA, should treat the applicant's medical certification information in accordance with the requirements of the Privacy Act. Therefore, information should not be released without the written consent of the applicant or an order from a court of competent jurisdiction. In order to ensure that release of information is proper, whenever a court order or subpoena is received by the Examiner, the Regional Flight Surgeon (see Appendix C) or the Aeromedical Certification Division, AAM-300, should be contacted. Similarly, unless the applicant's written consent for release is of a routine nature; e.g., accompanying a standard insurance company request, advice should be sought from the FAA before releasing any information. In all cases, a copy should be retained.

5. NO "ALTERNATE" EXAMINERS DESIGNATED

The Examiner is to conduct all medical examinations in the Examiner's regular office. Exceptions to this are military reserve medical officers who perform examinations while on duty on a military base under the direction of the Senior Flight Surgeon (facility designation number to be used) and in clinic operations where the performance of certain portions of the examination may be delegated to another physician. In the latter case, the Examiner must assume responsibility for the accuracy and completeness of the total report of examination. In these cases, the amount charged for an examination may not exceed the amount normally charged for an examination conducted by one physician.

An Examiner *is not permitted* to conduct examinations at a temporary address and is not permitted to name an alternate Examiner. During an Examiner's absence from the permanent off ice, applicants for airman medical certification shall be referred to another Examiner in the area.

6. WHO MAY BE CERTIFIED

a. Age Requirements

There is no age restriction for *medical* certification. Examiners have, however, been delegated authority to issue the combined Airman Medical and Student Pilot Certificate, FAA Form 8420-2 (yellow). For issuance of the combined certificate, the applicant must have reached his/her 16th birthday.

Minimum age requirements for the various *airman* certificates are defined in FAR Part 61, as follows:

(1) *Student pilot certificate:* powered aircraft — 16 years; gliders and balloons — 14 years.

(2) Private pilot certificate: powered aircraft — 17 years; gliders and balloons — 16 years.

(3) Commercial pilot certificate: 18 years.

(4) Airline transport pilot (ATP) certificate: 23 years.

b. Nationality Requirements

The issuance of an FAA medical certificate to a person who is neither a United States of America (U.S.) citizen nor a resident alien is permitted within the United States. Outside the United States, however, a person who is neither a U.S. citizen nor a U.S. resident alien, may only be issued a medical certificate if the FAA Administrator finds that the certificate is necessary for the operation of a U.S.-registered aircraft. Note that an applicant for an Airman Medical and Student Pilot Certificate must be able to read, speak, and understand the English language.

If the Examiner believes that an applicant for a "Medical Certificate and Student Pilot Certificate," FAA Form 8420-2 (yellow), cannot read, speak, and understand the English language, the applicant shall be referred to the nearest Flight Standards District Office (FSDO) for a determination of eligibility for the Student Pilot Certificate. (See Appendix E.) Under these circumstances, the Examiner may issue only a "Medical Certificate," FAA Form 8500-9 (white), and the applicant must present that certificate to the FSDO.

7. CLASSES OF MEDICAL CERTIFICATES

The class of medical certificate for which an individual applies will be issued if the applicant possesses the required medical qualifications.

Regardless of whether an applicant holds an airman certificate that permits the exercise of a high level of airmen duties, it is only necessary for the applicant to have a *medical* certificate of a class appropriate to the airman privileges exercised. For example, an airman who holds an ATP certificate may pilot aircraft while holding only a third-class medical certificate as long as flying activities are limited to those authorized for

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representative within the FAA, there is a reasonable basis to question the airman's ability to meet the medical standards. An Examiner may not order such reexamination.

11. EXAMINATION FEES

The FAA does not establish fees to be charged by Examiners for the medical examination of airman applicants. It is recommended that the fee be the usual and customary fee established by other physicians in the same general locality for similar services.

12. RELEASE OF INFORMATION

Except in compliance with an order of a court of competent jurisdiction, or upon an applicant's written request, Examiners will not divulge or release copies of any reports prepared in connection with the examination to anyone other than the applicant or the FAA. Upon receipt of a court subpoena or order, the Examiner shall notify the appropriate Regional Flight Surgeon. Other requests for information will be referred to:

Manager, Aeromedical
Certification Division, AA M-300
Federal Aviation Administration
Post Office Box 26080
Oklahoma City, OK 73 125-5063

13. DUPLICATE COPIES OF MEDICAL CERTIFICATES

Medical certificates that are lost or accidentally destroyed may be replaced upon proper application to the Aeromedical Certification Division, Oklahoma City, provided such certificates have not expired. The airman's request for replacement must be accompanied by a remittance of two dollars ($2) made payable to the FAA. This request must include:

- The airman's full name and date of birth;
- The class of certificate;
- The place and date of examination;
- The name of the Examiner; and
- The circumstances of the loss or destruction of the original certificate.

The duplicate certificate will be prepared in the same manner as the missing certificate and will bear the same date of examination regardless of when it is issued.

14. COMPLETED MEDICAL EXAMINATION FORMS

All completed medical examination forms must be *prompt/y* forwarded to:

Manager, Aeromedical
Certification Division, AA M-300
Federal Aviation Administration
Post Office Box 26080
Oklahoma City, OK 73126-5063

15. PROTECTION AND DESTRUCTION OF FORMS

Examiners are cautioned to provide adequate security for blank medical application and certificate forms to ensure that they do not become available for illegal use. When the FAA issues new or revised medical forms and certificates, Examiners should destroy old forms and certificates. The serial numbers of FAA Forms 8500-8 sent to you are recorded at the Civil Aeromedical Institute in Oklahoma City as having been assigned to you. If asked, the Examiner should be prepared to account for the forms. Do not share them with other Examiners.

16. QUESTIONS OR REQUESTS FOR ASSISTANCE

When an Examiner has a question or needs assistance in carrying out responsibilities, the Examiner should contact the following individuals:

a. Regional Flight Surgeon

- Questions pertaining to problem medical certification cases in which the Regional Flight Surgeon has initiated action.
- Telephone interpretation of medical standards or policies involving an individual airman whom the Examiner is examining.
- Matters regarding designation and redesignation of Examiners and the Aviation Medical Examiner Program.
- Attendance at Aviation Medical Examiner Seminars.

(Names, addresses, and telephone numbers of Regional Flight Surgeons appear in Appendix C.)

b. Manager, Aeromedical Certification Division, A AM-300

- Written inquiries concerning guidance on problem medical certification cases.
- Information concerning the overall airman medical certification program.
- Matters involving FM medical certification of military personnel.
- Information concerning medical certification of applicants in foreign countries.

These inquiries should be made to:

Manager, Aeromedical
Certification Division, AA M-300
Federal Aviation Administration
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obtains opinions of consultant medical specialists as considered appropriate and determines whether a special issuance in the particular case may be granted without compromising aviation safety.

c. National Transportation Safety Board (NTSB)

Within 60 days after a final FAA denial of a medical certificate, an airman may petition the NTSB for a review. A petition for NTSB review may be submitted in writing to:

National Transportation Safety Board
490 L'Enfant Plaza, East SW.
Washington, DC 20594-0001

The NTSB is an independent agency of the Federal Government that has the authority to review on appeal the suspension, amendment, modification, revocation, or denial of any certificate or license issued by the FAA Administrator. An Administrative Law Judge for the NTSB may hold a formal hearing at which the FAA may present documentary evidence and testimony by medical specialists supporting the denial decision. The petitioner would also be given an opportunity to present evidence and testimony at the hearing.

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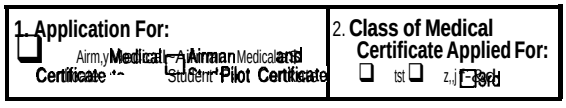
ITEMS 1-2. Application For; Class of Medical Certificate Applied For

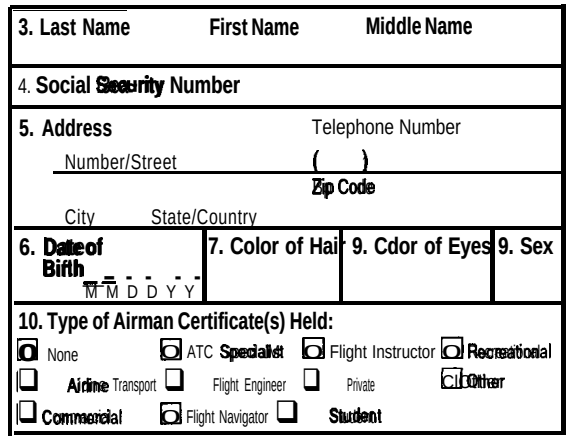


The applicant indicates whether the application is for an Airman Medical Certificate or an Airman Medical and Student Pilot Certificate, and the class of medical certificate desired.

The class of medical certificate sought by the airman is needed so that the appropriate medical standards may be applied. The class of certificate issued must correspond with that for which the applicant has applied.

The applicant may ask for a medical certificate of a higher class than needed for the type of flying or duties currently performed. For example, a student pilot may ask for a first-class medical certificate to see if he/she qualifies medically before entry into an aviation career. The Examiner applies the standards appropriate to the class sought, not to the airman's duties — either performed or anticipated. The Examiner should never issue more than one certificate based on the same examination.

ITEMS 3-10. Identification



The following information is required for identification of the individual who is applying for medical certification:

3. Last Name; First Name; Middle Name

The applicant's last, first, and middle name (or initial if appropriate) should be printed. All applicants without a middle name should enter "NMI" or "NONE." Nicknames and abbreviated names should not be used. If the applicant's name changed for any reason, the current name is listed on the application and any former name(s) in the EXPLANATIONS box of Item 18 on the application.

4. Social Security Number (SSN)

Although applicants are asked to complete all questions on the application, FAA Form 8500-8, they are not legally required to complete Item 4. The FAA requests the SSN for identification purposes and record control. Its use as a unique identifier may eliminate a mistake in identification.

5. Address and Telephone Number

The applicant should print a permanent mailing address, including the zip code (full nine digits if known). The applicant should also provide a current area code and telephone number.

6. Date of Birth

The applicant should enter the numbers for the month, day, and year of birth in order (e.g., 02 17 41 for February 17, 1941). Name, date of birth, and SSN are the basic identifiers of airmen. When an Examiner wishes to communicate with the FAA concerning an applicant, the Examiner should give the applicant's full name, date of birth, and SSN if at all possible.

If the applicant wishes to be issued an Airman Medical and Student Pilot Certificate (FAA Form 8420-2), the Examiner should check the date of birth to ensure that the applicant is at least 16 years old. Unless the applicant is at least 16 years old, a combined Airman Medical and Student Pilot Certificate *may not be* issued, even if the applicant will become 16 before the certificate expires (except as noted below). The FAA will recall a certificate issued by an Examiner to an applicant who is less than 16 years old. The applicant must be at least 16 to be eligible for a student pilot certificate for flight of powered aircraft. This minimum age requirement applies only to the issuance of the yellow FAA Form 8420-2, and never to the issuance of the white medical certificate (FAA Form 8500-9).

If the applicant is not yet 16 and wishes to solo on his/her 16th birthday, the Examiner should issue a white FAA Form 8500-9 (if the applicant is fully qualified medically). After his/her 16th birthday, the applicant may obtain a student pilot certificate for the flight from a Flight Standards District Office (FSDO) or designated Flight Examiner upon presentation of the FAA Form 8500-9 (white medical certificate).

An alternative procedure for this situation is for the Examiner to issue the Airman Medical and Student Pilot Certificate, FAA Form 8420-2 (yellow), with the following statement in the "limitations" block of the certificate: "Not valid until (month, day, and year of 16th birthday)." This procedure should not be used if the applicant's 16th birthday will occur more than 30 days from the date of application.

Although nonmedical regulations allow an airman to solo a glider or balloon at age 14, no medical certificate is required for glider or balloon operations. These airmen are only asked to certify to the FAA that they have no known medical deficiency that makes them unable to pilot a glider or balloon.

There is a maximum age requirement for certain air carrier pilots. Because this is not a medical requirement but an operational one, the Examiner may issue medical certificates without regard to age to applicants who meet the medical standards.

5. Address and Telephone Number

The applicant should print a permanent mailing address, including the zip code (full nine digits if known). The applicant should also provide a current area code and telephone number.

6. Date of Birth

The applicant should enter the numbers for the month, day, and year of birth in order (e.g., 02 17 41 for February 17, 1941). Name, date of birth, and SSN are the basic identifiers of airmen. When an Examiner wishes to communicate with the FAA concerning an applicant, the Examiner should give the applicant's full name, date of birth, and SSN if at all possible.

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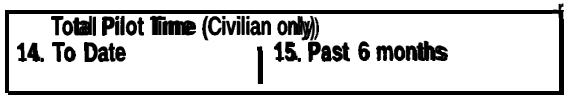
ITEMS 14-15. Total Pilot Time



14. Total Pilot Time to Date

The applicant should indicate the total number of *civilian* flight hours and whether those hours are logged (LOG) or estimated (EST).

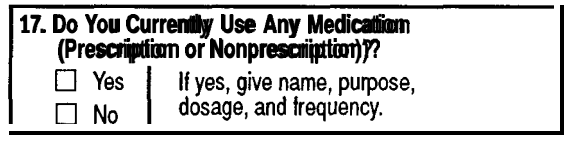
15. Total Pilot Time Past 6 Months

The applicant should provide the number of *civilian* flight hours in the 6-month period immediately preceding the date of this application. The applicant should indicate whether those hours are logged (LOG) or estimated (EST).

ITEM 16. Date of Last FAA Medical Application

If a prior application was made, the applicant should indicate the date of the last application, even if it is only an estimate of the year. This item should be completed even if the application was made many years ago or the previous application did not result in the issuance of a medical certificate. If no prior application was made, the applicant should check the appropriate block in Item 16.

ITEM 17. Do You Currently Use Any Medication (Prescription or Nonprescription)?



If the applicant checks yes, the name, dosage, frequency, and purpose of each medication should be reported. This includes both prescription and nonprescription medication.

Guidelines for the certification of airmen who use antihypertensive medication may be found in Item 55.IIA., page 87. Any airman who is undergoing continuous treatment with antihistaminic, antiviral, ataraxic, barbiturate, experimental, hypoglycemic, investigational, mood-ameliorating, motion sickness, narcotic, sedative, tranquilizer, or steroid drugs must be deferred certification unless the treatment has previously been cleared by FAA medical authority.

During periods in which the foregoing medications are being used for treatment of acute illnesses, the airman is under obligation not to perform the duties of an airman, unless cleared by the FAA.

Further information concerning an applicant's use of medication may be found under the items pertaining to the condition(s) for which the medication is used.

ITEM 18. Medical History

18. Medical History -Have you ever had or have you now any of the following? Answer "yes" for every condition you have ever had in your life. In the EXPLANATION box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a prior application for an airman medical certificate and then? has been no change in your condition. See Instructions Page

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a. ☐	☐	Frequent or severe headaches	g. ☐	☐	Heart or vascular trouble	m. ☐	☐	Mental disorders of any sort; depression, anxiety, etc.	r. ☐	☐	Military medical discharge
b. ☐	☐	Dizziness or fainting spell	h. ☐	☐	High or low blood pressure	n. ☐	☐	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 5 years.	s. ☐	☐	Medical rejection by military service
c. ☐	☐	Unconsciousness for any reason	i. ☐	☐	Stomach, liver, or intestinal trouble				t. ☐	☐	Rejection for life or health insurance
d. ☐	☐	Eye or vision trouble except glasses	j. ☐	☐	Kidney stone or blood in urine	o. ☐	☐	Alcohol dependence or abuse	u. ☐	☐	Admission to hospital
e. ☐	☐	Hay fever or allergy	k. ☐	☐	Diabetes	p. ☐	☐	Suicide attempt			*See v. & w. Below*
f. ☐	☐	Asthma or lung disease	l. ☐	☐	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q. ☐	☐	Motion sickness requiring medication	x. ☐	☐	Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

Yes	No		Yes	No	
v. ☐	☐	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	w. ☐	☐	History of nontraffic conviction(s) (misdemeanors or felonies).

EXPLANATIONS: See Instructions Page

For FAA Use
Review Action Codes

Each item under this heading must be checked either "yes" or "no." For all items checked "yes," a description of the condition must be given in the EXPLANATIONS box. If the explanation has been given on previous report(s), and there has been no change in the condition, the applicant may state "previously reported, no change," but the condition must still be checked "yes."

Of particular importance are conditions that have developed since the last FAA medical examination. If more space is needed, a plain sheet of paper bearing the applicant's signature and the date should be used.

The Examiner must take time to review the applicant's responses on the Form 8500-8 before starting the applicant's medical examination.

The Examiner should be personally satisfied that the applicant has checked all of the boxes in Item 18 as either "yes" or "no." The Examiner should use information obtained from this review in asking the applicant pertinent questions during the course of the examination. Certain aspects of the individual's history may need to be elaborated upon. The Examiner should provide in Item 60 an explanation of the nature of items checked "yes" under Item 18.a. through 18.x. An additional sheet may be added if necessary.

Supplementary reports from the applicant's physician(s) should be obtained and forwarded to the Aeromedical Certification Division, AAM-300, when necessary to clarify the significance of an item of history. The responsibility for providing such supplementary reports rests with the applicant. A discussion with the Examiner's Regional Flight Surgeon may clarify and expedite the certification process at that time.

Affirmative answers alone in Item 18 do not constitute a basis for denial of a medical certificate. A decision concerning issuance or denial should be made by applying the medical standards pertinent to the conditions uncovered by this history.

Experience has shown that, when asked direct questions by a physician, applicants are likely to be candid and willing to discuss medical problems.

The Examiner should attempt to establish rapport with the applicant and to develop a complete medical history. Further, the Examiner should be familiar with FAA certification policies and procedures in order to provide the airman with sound advice.

18.a. Frequent or severe headaches. A remote history of headaches without sequelae is not disqualifying. Some require only temporary disqualification during periods when the headaches are likely to occur or require treatment. Other types of headaches may preclude certification by the Examiner and require special evaluation and consideration (e.g., migraine and cluster headaches). (Also see Item 46 for a discussion of headaches.)

18.b. Dizziness or fainting spells. One or two episodes of dizziness or even fainting may not be disqualifying. For example, dizziness upon suddenly arising when ill is not a true dysfunction. Likewise, the orthostatic faint associated with moderate anemia is no threat to aviation safety as long as the individual is temporarily disqualified until the anemia is corrected. Episodic disorders of dizziness or disequilibrium, however, are another matter and require careful evaluation and consideration by the FAA. Transient processes, such as those associated with acute labyrinthitis or benign positional vertigo, may not disqualify an applicant when fully recovered. (Also see Item 46 for a discussion of syncope and vertigo.)

18.c. Unconsciousness for any reason. An unexplained disturbance of consciousness is disqualifying under the medical standards. Because a disturbance of consciousness may be expected to be totally incapacitating, individuals with such histories pose a high risk to safety and must be denied or deferred by the Examiner unless the cause of the disturbance is explained and a loss of consciousness is not likely to recur. If surgical treatment was necessary to correct the precipitating cause, the Examiner should defer issuance and submit the application with any available medical records and specialty reports to the Aeromedical Certification Division, AAM-300. (Also see Items 18.b., 18.l., and 46.)

18.d. Eye or vision trouble except glasses. The Examiner should personally explore the applicant's history by asking questions concerning any changes in vision, unusual visual experiences (halos, scintillations, etc.), sensitivity to light, injuries, surgery, or current use of medication. Does the applicant report inordinate difficulties with eye fatigue or strain? Is there a family history of serious eye disease such as glaucoma or other disease commonly associated with secondary eye

changes, such as diabetes? (Also see Items 31 through 34, 53, and 54.)

18.e. Hay fever or allergy. Hay fever controlled solely by desensitization without requiring antihistamines or other medications is not disqualifying. Individuals who have hay fever that requires only occasional seasonal therapy may be certified by the Examiner with the stipulation that they not fly during the time when symptoms occur and treatment is required. In the case of severe allergies, the Examiner should deny or defer certification and provide a report to the Aeromedical Certification Division, AAM-300, that details the period and duration of symptoms and the nature and dosage of drugs used for treatment and/or prevention. (Also see Items 25 through 30.)

A history of acute or chronic urticarial eruptions is not necessarily disqualifying. However, the Examiner should explore any relationship to cold exposure and trauma or to abdominal pain and/or diarrhea. Familial angioneurotic edema and acquired angioedema are disqualifying.

18.f. Asthma or lung disease. A history of mild or seasonal asthmatic symptoms is not disqualifying if the applicant otherwise meets the medical standards and currently requires no treatment. A history of frequent severe attacks or a need for preventive therapy is disqualifying. Certificate issuance may be deferred in other cases when it is necessary to allow time to gather medical records or for specialty examinations. If issuance is deferred, ancillary documentation should be submitted to the FAA for consideration. Specialty reports should detail the frequency and severity of the attacks and the nature and dosage of any medication required for treatment or prevention. (Also see Item 35.)

A history of a single episode of spontaneous pneumothorax is considered disqualifying for airman medical certification until there is X-ray evidence of resolution and until it can be determined that no condition that would be likely to cause recurrence is present. Under usual circumstances, a person who has sustained a single episode of pneumothorax returns to airman duties approximately 3 months after the episode if the results of a complete pulmonary evaluation are favorable. No special limitations on flying at altitude are applied.

On the other hand, an individual who has sustained a repeat pneumothorax normally is not eligible for certification until surgical intervention is carried out to correct the underlying problem. A person who has such a history is usually able to resume airman duties 3 months after the surgery. No special limitations on flying at altitude are applied.

18.g. Heart or vascular trouble. Because of the possibility of sudden and severe incapacitation, certain heart conditions are disqualifying based upon history alone, regardless of how remote that history may be. Part 67 of the FAR provides that, for all classes of medical certificates, an established medical history or clinical diagnosis of myocardial infarction, angina pectoris, or coronary heart

disease that has required treatment or, if untreated, that has been symptomatic or clinically significant is cause for denial. The Examiner may not issue a certificate to an applicant with such a history. The Examiner should issue a letter of denial or, if uncertain of the accuracy of the diagnosis, defer issuance and forward the application to the Manager of the Aeromedical Certification Division, AAM-300. The Examiner should report any available information concerning this history in Item 60 of the application form.

The Examiner should deny or defer issuance to any applicant with a history of arrhythmia, except when the disturbance is sinus arrhythmia or occasional ventricular ectopic beats not due to organic heart disease.

An airman who has had an episode of acute paroxysmal atrial fibrillation may be considered by the Federal Air Surgeon for medical certification under § 67.19 of the FAR after an acceptable interval without recurrence. A history of cardioversion or drug treatment, perse, does not rule out certification. A normal cardiovascular evaluation, however, will be required. This will include, among other things, 24-hour Holter monitoring, thyroid function studies, echocardiograms, and an assessment of coronary artery status. An individual with chronic atrial fibrillation may apply for medical certification and would require evaluation as above.

With the possible exceptions of aspirin and dipyridamole taken for their effect on blood platelets, the use of anticoagulants or other drugs for treatment or prophylaxis of fibrillation may preclude medical certification.

Also potentially disqualifying is a history of cardiac decompensation, congenital heart disease with associated abnormalities such as cardiac enlargement, and significant valvular heart disease. The Examiner should assist in collecting data the FAA will need if the applicant wishes further consideration for certification. Documentation needed may include hospital and other medical records, a specialty evaluation, and certain laboratory tests and special procedures. Specifications for Cardiovascular Evaluation (FAA Form 8500-I 9) are included in Appendix B. (Also see Items 36 and 37.)

18.h. High or low blood pressure. Issuance of a medical certificate to an applicant with high blood pressure depends on the current blood pressure levels and whether the applicant is taking antihypertensive medication. The Examiner should also determine if the applicant has a history of complications, adverse reactions to therapy, hospitalization, etc. (Details are given in Item 55.)

A history of low blood pressure requires elaboration. If the Examiner is in doubt, it is usually best to defer issuance rather’than to deny certification for such a history.

18.i. Stomach, liver, or intestinal trouble. A history of acute gastrointestinal disorders is usually not disqualifying once recovery is achieved.

Many chronic gastrointestinal diseases preclude issuance of a medical certificate (e.g., cirrhosis, chronic hepatitis, malignancy, ulcerative colitis). Colostomy following surgery for cancer may be allowed by the FAA with special follow-up reports required.

The most common "stomach trouble" reported is peptic ulcer. The Examiner should not issue a medical certificate if the applicant has a recent history of bleeding ulcers. Otherwise, ulcers must not have been active within the past 3 months or must not currently require medication other than occasional antacids. (Item 38 outlines the special studies needed for consideration of applicants with an ulcer history.)

In the case of a history of bowel obstruction, a report on the cause and present status of the condition must be obtained from the treating physician.

18.j. Kidney stone or blood in urine. An Examiner may not issue a medical certificate to an applicant with a history of recurring renal stones. If the applicant has a remote history of kidney stones and provides medical documentation that there is no residual stone or significant likelihood of recurrence, the Examiner may issue a medical certificate. The documentation obtained must be submitted to the FAA along with FAA Form 8500-8. Other significant renal history is discussed in Item 41.

18.k. Diabetes. A finding of glycosuria at the time of examination is cause for deferral by the Examiner. The cause of the glycosuria should be determined either by report from the treating physician or by current studies.

Diabetes mellitus requiring insulin or hypoglycemic drugs for control is disqualifying. The application of persons with a history of diabetes and persons whose diabetes is currently under control by dietary measures or by oral hypoglycemic drug should be deferred and forwarded to the Aeromedical Certification Division, AAM-300, for further evaluation. The Examiner can help expedite the FAA review by assisting the applicant in gathering medical records and submitting a current specialty report. (See Item 48 and Appendix B, page 16.)

18.l. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. An established diagnosis of epilepsy or seizures is cause for denial no matter how remote the history. Although the likelihood for certification is poor, the Examiner can assist the applicant who wishes further consideration by helping to acquire all past records.

A medical certificate should be denied or deferred if the applicant has a history of or an existing neurological condition or disease that may incapacitate. This includes a history of a disturbance of consciousness without a satisfactory medical explanation of the cause. The Examiner should obtain details about such a history and report the results of this inquiry in Item 60 of FAA Form 8500-8.

18.m. Mental disorders of any sort; depression, anxiety, etc. An affirmative answer to Item 18.m. requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of psychosis must be denied by the Examiner without exception. (Also see Items 46 and 47.)

18.n. Substance dependence; or failed a drug test ever; or substance abuse or use of illegal substance in the last 5 years. "Substance" includes: alcohol (see Item 18.0.); other sedatives and hypnotics; muscle relaxants; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting arylcyclohexylamines; cannabis; volatile solvents and gases; and other psychoactive drugs and chemicals.

For a "yes" answer to Item 18.n., the Examiner should provide a detailed description of the history. A history of substance dependence is disqualifying. The Examiner must defer issuance of a certificate if there is doubt concerning an applicant's drug use behavior.

18.0. Alcohol dependence or abuse. For a "yes" answer to Item 18.0., the Examiner should provide a detailed description of the history. A history of alcoholism is disqualifying. If in doubt about the diagnosis of alcoholism having been "established" medically, the Examiner must defer issuance.

18.p. Suicide attempt. A history of suicidal attempts or suicidal gestures requires special evaluation. The ultimate decision of whether an applicant with such a history is eligible for medical certification rests with the FAA. The Examiner should take a supplemental history as indicated, assist in the gathering of all medical records related to the incident(s), and, if the applicant agrees, assist in obtaining psychiatric and/or psychological examinations. (See Item 47.)

18.q. Motion sickness requiring medication. A careful supplemental history is indicated when the applicant responds affirmatively to this item. Because motion sickness varies with the nature of the stimulus, it is most helpful to know if the problem has occurred in flight or under similar circumstances. If in doubt or if medication is repeatedly required, the Examiner should deny or defer issuance. Supplemental history concerning the nature of the sickness, frequency, and need for medication should be reported under Item 60.

18.r. Military medical discharge. If the applicant has received a military medical discharge, the Examiner should take additional history and record it under Item 60. It is helpful to know the circumstances surrounding the discharge, including dates, and whether the individual is receiving disability compensation. If the applicant is receiving veteran's disability benefits, the claim number and service number are helpful in obtaining copies of pertinent medical records. The fact that the applicant is receiving disability benefits does not necessarily mean that the application should be denied.

18.m. Mental disorders of any sort; depression, anxiety, etc. An affirmative answer to Item 18.m. requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of psychosis must be denied by the Examiner without exception. (Also see Items 46 and 47.)

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18.0. Alcohol dependence or abuse. For a "yes" answer to Item 18.0., the Examiner should provide a detailed description of the history. A history of alcoholism is disqualifying. If in doubt about the diagnosis of alcoholism having been "established" medically, the Examiner must defer issuance.

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applicant must name the charge for which convicted and the date of the conviction(s) in the EXPLANATIONS box.

18.x. Other **illness, disability, or surgery.** The applicant should describe the nature of these illnesses in the EXPLANATIONS box. If additional records, tests, or specialty reports are necessary in order to make a certification decision, the applicant should be so advised. If the applicant does not wish to provide the information requested by the Examiner, FAA Form 8500-8 should be forwarded to the FAA without certificate issuance.

If the applicant wishes to have the FAA review the application and decide what ancillary documentation is needed, the Examiner should defer issuance of the medical certificate and forward the completed FAA Form 8500-8 to the FAA. If the Examiner proceeds to obtain documentation, but all data will not be received within 2 weeks, FAA Form 8500-8 should be sent immediately to the Aeromedical' Certification Division, AAM-300, with a note that additional documents will be forwarded later under separate cover.

ITEM 19. Visits to Health Professional Within Last 3 Years

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (explain below) ☐ No See Instructions Page		
Date	Name, Address, and Type of Health Professional Consulted	Reason

The applicant should list all visits in the last 3 years to a physician, physician assistant, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, evaluation, or counseling. The applicant should give the name, date, address, and type of health professional consulted and briefly state the reason for the consultation. Prior to the 1991 revision of FAA Form 8500-8, the application used the word "treatment" and asked only for the names of "physicians." At the time of the last significant revision in 1959, almost all health care was provided by physicians. Today, when a person requires health care, the applicant may visit any of several types of providers; e.g., nurses, substance abuse specialists, psychologists, etc., in addition to, or instead of, physicians. As with the old form, our objective with the new form is to obtain information about any medical factors which could affect flight safety. Item No. 18, Medical History, inquires about specific conditions or symptoms but it is not all-inclusive; a question about encounters with health care providers, therefore, elicits information that otherwise may

be omitted. For instance, information about treatment by a clinical social worker or psychologist for a mental condition or alcohol or drug dependence is important in terms of safety and must be evaluated. The old form mentioning only physicians may not bring this to our attention.

Some airmen have expressed concern that this revision requires the disclosure of detailed information regarding family counseling or other sensitive matters not necessarily pertinent to the applicant's eligibility for airman medical certification. As an example, one airman suggested the situation of the applicant's participating in family counseling/therapy as part of the support of a spouse who had been the victim of severe psychic and physical trauma. In this circumstance, the FAA suggests that the applicant's response could be:

> "July through October 1991; Joe Smith, Ph.D., clinical psychologist; 1 Main St., Anytown, U.S.A.; Family counseling."

The Examiner would review the matter with the applicant. In the example, the Examiner's comment written on the application would normally be:

> "Item No. 19. Reviewed with applicant. History not significant or relevant to application."

If the applicant is otherwise qualified, a medical certificate would be issued by the Examiner. The applicant needs only to write on the application enough information to reasonably alert the Examiner. The Examiner will record on the form only that information needed to annotate the review and opinion as to the significance of the history for medical certification.

FAA medical authorities, upon review of the application, will ask for further information regarding visits to health care providers only where the physical findings, report of the examination, applicant disclosure, or other evidence suggest the possible presence of a disqualifying medical history or condition.

If an explanation has been given on previous report(s) and there has been no change in the condition, the applicant may enter "previously reported, no change." Of particular importance is the reporting of conditions that have developed since the applicant's last FAA medical examination. The Examiner is asked to comment on all entries, including those "previously reported, no change." These comments may be entered under Item 60 or placed on a supplemental sheet and attached to FAA Form 8500-8.

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RESERVED

RESERVED

CHAPTER 3
EXAMINATION TECHNIQUES AND CRITERIA FOR QUALIFICATION

Items 21 - 48 of FAA Form 8500-8

This chapter provides guidance for completion of Items 21- 48 of the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8. The Examiner will personally conduct the examinations required for the completion of these items.

The Examiner must carefully read the applicant's history page of FAA Form 8500-8 (Items I-20) *before* completing the Report of Medical Examination. This will alert the Examiner to possible pathological findings.

ITEMS 21 and 22. Height and Weight

21. Height (inches)	22. Weight (pounds)

21. Height

Record the applicant's height in inches. Although there are no medical standards for height, exceptionally short individuals may not be able to effectively reach all flight controls and must fly specially modified aircraft.

If required, the FAA will place operational limitations on the pilot certificate.

22. Weight

Record the applicant's weight in pounds.

ITEMS 23 and 24. Statement of Demonstrated Ability (SODA); SODA Serial Number

23. Statement of Demonstrated Ability(SODA) Defect Noted:	☐ Yes ☐ No	24. SODA SERIAL NUMBER

23. Statement of Demonstrated Ability (SODA)

Ask the applicant if a SODA has ever been issued. If the answer is "yes," ask the applicant to show you the document. Then check the "yes" block and record the nature and degree of the defect.

SODA's are valid for an indefinite period or until an adverse change occurs that results in a level of defect worse than that stated on the face of the document.

CHAPTER 3
EXAMINATION TECHNIQUES AND CRITERIA FOR QUALIFICATION

Items 21 - 48 of FAA Form 8500-8

This chapter provides guidance for completion of Items 21- 48 of the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate, FAA Form 8500-8. The Examiner will personally conduct the examinations required for the completion of these items.

The Examiner must carefully read the applicant's history page of FAA Form 8500-8 (Items I-20) *before* completing the Report of Medical Examination. This will alert the Examiner to possible pathological findings.

ITEMS 21 and 22. Height and Weight

21. Height (inches)	22. Weight (pounds)

21. Height

Record the applicant's height in inches. Although there are no medical standards for height, exceptionally short individuals may not be able to effectively reach all flight controls and must fly specially modified aircraft.

If required, the FAA will place operational limitations on the pilot certificate.

22. Weight

Record the applicant's weight in pounds.

ITEMS 23 and 24. Statement of Demonstrated Ability (SODA); SODA Serial Number

23. Statement of Demonstrated Ability(SODA) Defect Noted:	☐ Yes ☐ No	24. SODA SERIAL NUMBER

23. Statement of Demonstrated Ability (SODA)

Ask the applicant if a SODA has ever been issued. If the answer is "yes," ask the applicant to show you the document. Then check the "yes" block and record the nature and degree of the defect.

SODA's are valid for an indefinite period or until an adverse change occurs that results in a level of defect worse than that stated on the face of the document.

otoscope light can serve as a transilluminator. Some Examiners may find that a solution of 1/4 percent phenylephrine hydrochloride and cotton swabs are sometimes useful. Examiners trained in the use of a head mirror and wire ear loop may also find these useful for the removal of cerumen.

Conditions that call for evaluation with a nasopharyngoscope, cannula, curette, irrigation device, or suction device may best be referred to an ENT specialist.

B. Examination Techniques

1. The headshould be examined to determine the presence of any significant defects such as:

a. Bony defects of the skull.

b. Gross deformities.

c. Fistulas.

d. Evidence of recent blows or trauma to the head.

e. Limited motion of the head and neck.

f. Surgical scars.

2. The external ear is seldom a major problem in the medical certification of airmen. Otitis externa or a furuncle may call for temporary disqualification. Obstruction of the canal by impacted cerumen or cellular debris may indicate a need for referral to an ENT specialist for examination. The tympanic membranes should be examined for scars or perforations. Discharge or granulation tissue may be the only observable indication of perforation. Middle ear disease may be revealed by retraction, fluid levels, or discoloration. The normal tympanic membrane is movable and pearly grey in color. Mobility should be demonstrated by watching the drum through the otoscope during a valsalva maneuver.

3. Pathology of the middle ear may be demonstrated by changes in the appearance and mobility of the tympanic membrane. The applicant may only complain of stuffiness of the ears and/or loss of hearing. An upper respiratory infection greatly increases the risk of aerotitis media with pain, deafness, tinnitus, and vertigo due to lessened aeration of the middle ear from eustachian tube dysfunction. When the applicant is taking medication for an ENT condition, it is important that the Examiner become fully aware of the underlying pathology, present status, and the length of time the medication has been used. If the condition is not a threat to aviation safety, the treatment consists solely of antibiotics, and the antibiotics have been taken over a sufficient period to rule out the likelihood of adverse side effects, the Examiner may make the certification decision. The same approach should be taken when considering the significance of prior surgery such as myringotomy, mastoidectomy, or tympanoplasty. When in doubt, the Examiner should not hesitate to defer issuance and refer the matter to the Aeromedical Certification Division, AAM-300. The

services of consultant ENT specialists are available to the FAA to help in determining the safety implications of complicated conditions. (For details concerning otosclerosis surgery, see Item 49.)

4. The nose should be examined for the presence of polyps, blood, or signs of infection or allergy. The Examiner should determine if there is a history of epistaxis with exposure to high altitudes and if there is any indication of loss of sense of smell (anosmia). Polyps may cause airway obstruction or sinus blockage. Infection or allergy may be cause for obtaining additional history. Anosmia is at least noteworthy in that the airman should be made fully aware of the significance of the handicap in flying (inability to receive early warning of gas spills, oil leaks, or smoke). ,

5. Evidence of *sinus* disease must be carefully evaluated by a specialist because of the risk of sudden and severe incapacitation from barotrauma.

6. The *mouth* and *throat* should be examined to determine the presence of active disease that is progressive or may interfere with voice communications. Gross abnormalities that could interfere with the use of personal equipment such as oxygen equipment should be identified.

7. The larynxshould be visualized if the applicant's voice is rough or husky. Acute laryngitis is temporarily disqualifying. Chronic laryngitis requires further diagnostic workup. Any applicant seeking certification for the first time with a functioning tracheostomy, following laryngectomy, or who uses an artificial voice-producing device should be carefully assessed to ensure the intelligibility of voice communications.

If there is any question concerning intelligibility, the Examiner must defer issuance of the certificate and forward the application and available clinical information to the Aeromedical Certification Division, AAM-300.

III. DISPOSITION

The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

A. Item 25 — Head, face, neck, and scalp

1. Fistula of neck, either congenital or acquired, including tracheostomy.

2. Loss of bony substance involving the two tables of the cranial vault.

3. Deformities of the face or head that would interfere with the proper fitting and wearing of an oxygen mask (FAA certification is possible with operational limitations).

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ITEMS 31-34. EYE

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
31. Eyes, general (Vision under items 50 to 54)		
32. Ophthalmoscopic		
33. Pupils (Equality and reaction)		
34. Ocular motility (Associated parallel movement, nystagmus)		

I. FEDERAL AVIATION REGULATIONS

A. First-Class: FAR § 67.13(b)(5)

***No acute or chronic pathological condition of either eye or adnexae that might interfere with its proper function, might progress to that degree, or might be aggravated by flying.

B. Second-Class: FAR § 67.15(b)(4)

***No pathology of the eye.

C. Third-Class: FAR § 67.17(b)(2)

***No serious pathology of the eye.

(For further evaluation of the eyes, see Items 50-54.)

II. EXAMINATION PROCEDURES

A. Equipment

For evaluation of the eye as required by Items 31-34, the Examiner needs a quality ophthalmoscope and a moderate intensity point light source. A single instrument such as an oto-ophthalmoscope with interchangeable heads is an acceptable alternative.

B. Examination Techniques

1. The examination of the eyes should be directed toward the discovery of deformities that are due to heredity, injury, disease, or the aging process and that may cause a failure in visual function while flying or discomfort sufficient to interfere with safely performing airman duties.

a. Have you noticed any recent changes in the sharpness of your vision? The aviation-oriented physician, in recognizing the stresses of flight and other airman duties, is best equipped to seek clues of fatigue in visual effort. Is it time to suggest that the applicant wear reading glasses? A history of momentary loss of vision may imply impending cerebrovascular accident. Blurring of vision from diplopia may indicate myasthenia gravis or multiple sclerosis.

b. Have you experienced any blind spots in your vision, halos around bright lights, spots before your eyes, or any other unusual visual experience? In addition to retinal and optic tract lesions, there may be the sparkling of vitreous cholesterol crystals (spintherism) or scintillating scotomas (migraine). It may be useful to ask if the applicant can see as well as acquaintances at night. Severely reduced night vision may be an important consideration, especially in the initial examination of a young airman.

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d. *Lens* — observe for aphakia, discoloration, dislocation, cataract, or an implanted lens.

e. Vitreous — note discoloration, hyaloid artery, floaters, or strands.

f. *Optic nerve* — observe for atrophy, cupping, or papilledema.

g . Retina and choroid — examine for evidence of coloboma, choroiditis, detachment of the retina, retinitis, retinitis pigmentosa, retinal tumor, senile macular or other degeneration, toxoplasmosis, etc.

4. Ocular Motility. Motility may be assessed by having the applicant follow a point light source with both eyes, the Examiner moving the light into right and left upper and lower quadrants while observing the individual and the conjugate motions of each eye. The Examiner then brings the light to center front and advances it toward the nose observing for convergence. End point nystagmus is a physiologic nystagmus and is not considered to be significant. It need not be reported. (See Item 50 for further consideration of nystagmus.)

III. DISPOSITION

The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

This section of the Guide applies to findings observed by the Examiner. Functional testing of the eyes is covered in Items 50 through 54 and history in Item 18.

A. ttem 31 — Eyes, general

1. Hereditary, congenital, or acquired conditions, whether acute or chronic, of either eye or adnexa, that may interfere with visual functions, may progress to that degree, or may be aggravated by flying (i.e., tumors and ptosis obscuring the pupil, acute inflammatory disease of the eyes and lids).

2. Any condition not currently symptomatic but prone to become worse or recur with functional loss or acute symptoms that would be incapacitating or cause significant decrements in operational efficiency (i.e., retinal detachment, optic neuritis, chorioretinitis).

3. Any ophthalmic pathology reflecting a serious systemic disease (e.g., diabetic and hypertensive retinopathy).

B. Item 32 — Ophthalmoscopic

1. Corneal ulcer or dystrophy.

2. Chorioretinitis; coloboma.

3. Retinal detachment; retinal degeneration; retinitis pigmentosa.

4. Papilledema; optic atrophy; optic neuritis.

5. Macular degeneration; macular detachment.

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4. Papilledema; optic atrophy; optic neuritis.

5. Macular degeneration; macular detachment.

Myocardial infarction;

Angina pectoris; or

Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.

C. All Classes: FAR §§ 67.13, 67.15, and 67.17(f)(2)

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(See also Items 55, 56, and 58 for other information on the cardiovascular system.).

II. EXAMINATION PROCEDURES

A. Equipment

For the conduct of the medical examination applicable to Items 35-37, the only necessary equipment is an examining table and a good stethoscope. History or current findings may indicate a need for special evaluations.

B. Examination Techniques

It is helpful to follow a set routine of examination. One approach is as follows:

1. Inspection. Observe and report any thoracic deformity (e.g., pectus excavatum), signs of surgery or other trauma, and clues to ventricular hypertrophy. Check the hematopoietic and vascular system by observing for pallor, edema, varicosities, stasis ulcers, and venous distention. Check the nail beds for capillary pulsation and color.

2. Palpation. Check for thrills and the vascular system for arteriosclerotic changes, shunts or AV anastomoses. The pulses should be examined to determine their character, to note if they are diminished or absent, and to observe for synchronicity.

3. Percussion. Determine heart size, diaphragmatic elevation/excursion, abnormal densities in the pulmonary fields, and mediastinal shift.

4. Auscultation. Check for resonance, asthmatic wheezing,

ronchi, rales, cavernous breathing of emphysema, pulmonary or pericardial friction rubs, quality of the heart sounds, murmurs, heart rate, and rhythm. If a murmur exists, report its character, loudness, timing, transmission, and change with respiration. Auscult the neck for bruits. It is recommended that the Examiner conduct the auscultation of the heart with the applicant both in sitting and in lying position.

Aside from murmur, irregular rhythm, and enlargement, the Examiner should be careful to observe for specific signs that are pathognomonic for specific disease entities or for serious generalized heart disease. Examples of such evidence are: (1) the opening snap at the apex or fourth left intercostal space signifying mitral stenosis; (2) gallop rhythm indicating serious impairment of cardiac function; and (3) the middiastolic rumble of mitral stenosis.

III. DISPOSITION

The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

A. Item 35 — Lungs and chest

1. The breast examination is performed only at the *applicant's option* or if indicated by specific history or physical findings. If a breast examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8.

2. Asthma, unless mild and currently requiring no treatment.

(See Item 18.f., p.18.)

3. Bronchiectasis, if more than mild.

4. Emphysema, if of sufficient degree to be symptomatic.

5. Fibrosis, if of sufficient degree to interfere with pulmonary function.

6. Fistula, bronchopleural, to include thoracostomy.

7. Infectious disease of the lungs, pleura, or mediastinum:

a. Abscesses.

b. Mycotic disease which is active.

c. Tuberculosis which is active.

8. Lobectomy, until fully recovered, at which time the hospital records and results of pulmonary function tests will be obtained and forwarded to the Aeromedical Certification Division, AAM-300.

9. Pleura and pleural cavity:

a. Acute fibrinous pleurisy.

b. Pleurisy with effusion.

c. Empyema.

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9. Pleura and pleural cavity:

a. Acute fibrinous pleurisy.

b. Pleurisy with effusion.

c. Empyema.

report and accompanying materials should be forwarded to the Aeromedical Certification Division, AAM-300. (See Item 58 for details regarding ECG's.)

C. **Item 37 — Vascular system**

1. Aneurysm or arteriovenous fistula.

2. Blood and blood-forming tissue disease:

a. Anemia.

b. Hemophilia.

c. Leukemia.

d. Polycythemia.

e. Other disease of the blood or blood-forming tissues that could adversely affect performance of airman duties.

3. Peripheral edema: The Examiner should forward results of studies to determine the cause to the Aeromedical Certification Division, AAM-300.

4. Peripheral vascular disease:

a. Arteriosclerotic vascular disease with evidence of circulatory obstruction.

b. Buerger's disease.

c. Intermittent claudication.

d. Raynaud's disease, or phenomenon.

e. Thrombophlebitis, or phlebothrombosis.

5. Syncope, not satisfactorily explained or recurrent.

Some respiratory, cardiac, and vascular conditions identified solely by history may be disqualifying. (See Item 18.) Other conditions in these categories may produce clinical patterns that demand consideration of multiple etiologies. For example, syncope may involve cardiovascular, neurological, and psychiatric factors. (See Item 46 for detailed considerations of syncope.)

The Examiner should keep in mind some of the special cardiopulmonary demands of flight. Heart rates at take-off and landing sometimes approach age-related maximums. High G-forces of aerobatics or agricultural flying may stress both systems considerably. Degenerative changes are often insidious and may produce subtle performance decrements that may require special investigative techniques.

D. Asthma

Except for a history of mild or seasonal asthmatic symptoms, the Examiner should defer issuance and send the completed report to the Aeromedical Certification Division, AAM-300, for further evaluation and decision.

If there is an established diagnosis of moderate or severe asthma, the FAA will usually ask for a report of evaluation by a medical specialist that includes the extent of the disease,

report and accompanying materials should be forwarded to the Aeromedical Certification Division, AAM-300. (See Item 58 for details regarding ECG's.)

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accordance with the following guidance:

a. A 6-month, or longer as necessary, recovery period shall elapse after the infarction, angina, bypass surgery, or angioplasty to ensure recovery and stability.

b. As a minimum, a current cardiovascular evaluation, preferably by a cardiologist or specialist in internal medicine, shall be obtained. This evaluation must include an assessment of personal and family medical history, a clinical cardiac examination and general physical examination, blood lipid profile, a plasma glucose level, and a maximal electrocardiographic exercise stress test. The evaluation must also include an assessment and statement regarding the applicant's medications, functional capacity, modifiable cardiovascular risk factors, motivation for any necessary change, and prognosis for incapacitation during the certification period. Normally, an applicant will be expected to demonstrate a minimum functional capacity equivalent to completion of stage 3 of the standard Bruce electrocardiographic exercise stress test protocol.

c. Radionuclide studies may be required if clinically indicated or if the maximal electrocardiographic exercise stress test is equivocal, positive for ischemia, or demonstrates ventricular dysfunction or other significant abnormalities. Either *stress* MUGA studies, first pass technetium scans, stress echocardiography, Thallium 201 exercise/rest scans, or a combination thereof may be required as appropriate for the individual applicant and recommended by the attending physician or required by the FAA.

d. All stress testing, including radionuclide studies, must be maximal or symptom-limited. All maximal electrocardiographic exercise stress test tracings, actual scans, and blood pressure/pulse recordings must be submitted.

e. Cardiac catheterization with coronary angiography will not normally be required for issuance of third-class medical certificates after myocardial infarction, angina pectoris, coronary artery bypass surgery, or coronary angioplasty. Coronary angiography may be required, however, if specifically indicated. If cardiac catheterization and angiography has been accomplished, all reports and films shall be subject to review by the FAA.

f. If the required evaluation reveals no evidence of ischemia or cardiac dysfunction and the remainder of the examination is favorable, including the absence of significant risk factors, a third-class certificate may be issued by the FAA. Applicants found qualified shall be required to provide cardiovascular evaluations, including a maximal electrocardiographic exercise stress test at at least 12-month intervals as a condition for future certification. If indicated, radionuclide studies and/or other studies may be required.

2. First- and functionally unlimited *second-class* certificates may be issued by the FAA provided

the requirements as outlined above for third-class applicants are met, except that post-event coronary angiography will normally be required and radionuclide studies need not be obtained unless otherwise indicated. Continued certification of airmen issued certificates in accordance with this paragraph are conditioned on cardiovascular evaluations, including a maximal electrocardiographic exercise stress test at 6-month intervals, plus radionuclide studies at 24-month intervals, unless otherwise indicated.

3. Consideration for the issuance of functionally limited second-class certificates (e.g., "Not Valid for Carrying Passengers for Compensation or Hire," etc.) usually does not require post-event coronary angiography unless specifically indicated by the findings.

Certification decisions will be based on the applicant's medical history and current clinical findings. First- or unlimited second-class certification is unlikely unless the information is highly favorable to the applicant. Evidence of extensive multi-vessel disease, impaired cardiac functioning, precarious coronary circulation, etc., will preclude certification. Before an applicant undergoes coronary angiography, it is recommended that all records and the report of a current cardiovascular evaluation, including a maximal electrocardiographic exercise stress test, be submitted to the FAA for preliminary review. Based upon this information, it may be possible to advise an applicant of the likelihood of favorable consideration.

F. Heart Murmur

When the Examiner discovers a heart murmur in the course of conducting a routine FAA examination, it should be indicated whether it is believed to be functional or organic and if a special examination is needed.

If the latter is indicated, the Examiner should defer issuance of the medical certificate and forward the completed FAA Form 8500-8 to the FAA for further consideration.

G. Surgery

The presence of an aneurysm or obstruction of a major vessel of the body is disqualifying for medical certification of any class. Following successful surgical intervention and correction, the applicant may ask for FAA consideration. The FAA recommends that the applicant recover for at least 6 months. The likelihood of certification is enhanced in situations in which all medications have been discontinued and a current evaluation reveals no evidence of cardiovascular or renal disease.

A history of coronary artery bypass surgery is disqualifying for certification. Such surgery does not negate a past history of coronary heart disease. For details, see paragraph E of this section.

The presence of cardiac pacemakers and artificial heart valves is disqualifying for certification; however, FAA will consider special issuances to the applicants. Applicants seeking further FAA consideration should be prepared to

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If the latter is indicated, the Examiner should defer issuance of the medical certificate and forward the completed FAA Form 8500-8 to the FAA for further consideration.

G. Surgery

The presence of an aneurysm or obstruction of a major vessel of the body is disqualifying for medical certification of any class. Following successful surgical intervention and correction, the applicant may ask for FAA consideration. The FAA recommends that the applicant recover for at least 6 months. The likelihood of certification is enhanced in situations in which all medications have been discontinued and a current evaluation reveals no evidence of cardiovascular or renal disease.

A history of coronary artery bypass surgery is disqualifying for certification. Such surgery does not negate a past history of coronary heart disease. For details, see paragraph E of this section.

The presence of cardiac pacemakers and artificial heart valves is disqualifying for certification; however, FAA will consider special issuances to the applicants. Applicants seeking further FAA consideration should be prepared to

ITEMS 38-39. Abdomen and Viscera, Anus and Rectum

The digital rectal examination is performed only at the applicant's *option* or if indicated by specific history or physical findings. If a digital examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8.

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
38. Abdomen and viscera (Including hernia)		
39. Anus (Not including digital examination)		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR 0367.13, 67.15, and 67.17(f)(2)

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

The only equipment needed for the conduct of the examination applicable to these items is that necessary for rectal examination — gloves or finger cots, lubricant, and wipes, if that examination should be required. However, medical history and/or physical findings may indicate a need for special tests (e.g., X-ray, laboratory studies).

B. Examination Techniques

In order to help reduce the likelihood of omissions and to conserve time, it is recommended that the Examiner follow a set protocol. The Examiner must review the applicant's history prior to conducting the medical examination.

1. Observation -The Examiner should note any unusual shape or contour, skin color, moisture, temperature, and presence of scars. Hernias, hemorrhoids, and fissure should be noted and recorded.

2. Palpation -The Examiner should check for and note enlargement of organs, unexplained masses, tenderness, guarding, and rigidity.

3. Digital Rectal Examination — This examination is performed only at the *applicant's option* unless indicated by specific history' or physical findings. When performed, the following should be noted:

ITEMS 38-39. Abdomen and Viscera, Anus and Rectum

The digital rectal examination is performed only at the *applicant's option* or if indicated by specific history or physical findings. If a digital examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8.

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
38. Abdomen and viscera (Including hernia)		
39. Anus (Not including digital examination)		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR 0367.13, 67.15, and 67.17(f)(2)

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

The only equipment needed for the conduct of the examination applicable to these items is that necessary for rectal examination — gloves or finger cots, lubricant, and wipes, if that examination should be required. However, medical history and/or physical findings may indicate a need for special tests (e.g., X-ray, laboratory studies).

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In order to help reduce the likelihood of omissions and to conserve time, it is recommended that the Examiner follow a set protocol. The Examiner must review the applicant's history prior to conducting the medical examination.

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2. Palpation -The Examiner should check for and note enlargement of organs, unexplained masses, tenderness, guarding, and rigidity.

3. Digital Rectal Examination — This examination is performed only at the *applicant's option* unless indicated by specific history' or physical findings. When performed, the following should be noted:

The use of any medication other than simple antacids and/or sucralfates may preclude certification. An applicant with a history of gastric resection for ulcer may be favorably considered if free of sequelae.

D. Special Consideration for Regional Enteritis

The episodic occurrence of symptoms and the medications used for treatment of regional enteritis are of concern to the FM. Six months after surgery, however, the applicant's eligibility for medical certification could be established upon written evidence from the surgeon that recovery is complete.

An applicant with colectomy and/or ileostomy may also receive FAA consideration. A report is necessary to confirm that the applicant has fully recovered from the surgery and is completely asymptomatic.

ITEM 40. Skin

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
40. Skin		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(f)(2)

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Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

None required.

B. Examination Techniques

A careful examination of the skin may reveal underlying systemic disorders of clinical importance. For example, thyroid disease may produce changes in the skin and fingernails. Cushing's disease may produce abdominal striae, and abnormal pigmentation of the skin occurs with Addison's disease.

Needle marks that suggest drug abuse should be noted and body marks and scars should be described and correlated with known history. Further history should be obtained as needed to explain findings.

The use of any medication other than simple antacids and/or sucralfates may preclude certification. An applicant with a history of gastric resection for ulcer may be favorably considered if free of sequelae.

D. Special Consideration for Regional Enteritis

The episodic occurrence of symptoms and the medications used for treatment of regional enteritis are of concern to the FM. Six months after surgery, however, the applicant's eligibility for medical certification could be established upon written evidence from the surgeon that recovery is complete.

An applicant with colectomy and/or ileostomy may also receive FAA consideration. A report is necessary to confirm that the applicant has fully recovered from the surgery and is completely asymptomatic.

ITEM 40. Skin

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
40. Skin		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(f)(2)

*** No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

None required.

B. Examination Techniques

A careful examination of the skin may reveal underlying systemic disorders of clinical importance. For example, thyroid disease may produce changes in the skin and fingernails. Cushing's disease may produce abdominal striae, and abnormal pigmentation of the skin occurs with Addison's disease.

Needle marks that suggest drug abuse should be noted and body marks and scars should be described and correlated with known history. Further history should be obtained as needed to explain findings.

II. EXAMINATION PROCEDURES

A. Equipment

No special equipment is needed for routine examination.

B. Examination Techniques

The Examiner should observe for discharge, inflammation, skin lesions, scars, strictures, tumors, and secondary sexual characteristics. Palpation for masses and areas of tenderness should be performed. The pelvic examination is performed only at the *applicant's option* or if indicated by specific history or physical findings. If a pelvic examination is performed, the results are to be recorded in Item 60 of FAA Form 8500-8. Disorders such as sterility and menstrual irregularity are not usually of importance in qualification for medical certification. Specialty evaluations may be indicated by history or by physical findings on the routine examination. A personal history of urinary symptoms is important:

1. Pain or burning upon urination.

2. Dribbling or incontinence.

3. Polyuria, frequency, or nocturia.

4. Hematuria, pyuria, or glycosuria.

Special procedures for evaluation of the G-U system should best be left to the discretion of a urologist, nephrologist, or gynecologist.

III. DISPOSITION

The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

(See Item 48 for details concerning diabetes and Item 57 for other information related to the examination of urine.)

A. Urinary System

1. Calculus: renal, ureteral, or vesical (see 11 below).

2. Hydronephrosis with impaired renal function.

3. Nephrectomy, if associated with hypertension, uremia, infection of the remaining kidney, or other evidence of reduced renal function in the remaining kidney.

4. Nephritis: acute or chronic.

5. Nephrocalcinosis.

6. Nephrosis.

7. Polycystic kidney disease.

8. Pyelitis or pyelonephritis.

9. Pyonephrosis.

10. Tumors or malignancies.

11. Renal stones are disqualifying for issuance of a medical certificate. The Examiner should either deny or defer issuance and

forward the completed FAA Form 8500-8 to the Aeromedical Certification Division, AAM-300. Complete studies to determine the possible etiology and prognosis are essential to favorable FAA consideration. Determining factors include site and location of the stones, complications such as compromise in renal function, repeated bouts of kidney infection, and need for therapy. Any underlying disease will be considered. The likelihood of sudden incapacitating symptoms is of primary concern.

12. Congenital lesions of the kidney are often benign, and certification of applicants with ectopic and horseshoe kidney, agenesis (unilateral), and even hypoplasia and dysplasia is possible.

13. Cystostomy and neurogenic bladder require evaluation by a specialist and deferral of certification to the Aeromedical Certification Division, AAM-300.

14. *Glycosuria* requires special evaluation. (See also Item 48 for glycosuria associated with diabetes.)

15. Renal transplant is cause for denial. FAA certification may be possible after complete recovery.

B. Genital/Reproductive System

1. Use of oral contraceptives is not disqualifying for medical certification. If the applicant is experiencing no adverse symptoms or reactions to cyclic hormones and is otherwise qualified, the Examiner may issue the desired certificate.

2. Pregnancy under normal circumstances is not disqualifying. It is recommended that the applicant's obstetrician be made aware of all aviation activities so that the obstetrician can properly advise the applicant. The Examiner may wish to counsel applicants concerning piloting aircraft during the third trimester, and the proper use of lap belt and shoulder harness warrants discussion.

ITEMS 42-43. Musculoskeletal

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
42. Upper and lower extremities (Strength and range of motion)		
43. Spine, other musculoskeletal		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(f)(2)

***NO other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make

forward the completed FAA Form 8500-8 to the Aeromedical Certification Division, AAM-300. Complete studies to determine the possible etiology and prognosis are essential to favorable FAA consideration. Determining factors include site and location of the stones, complications such as compromise in renal function, repeated bouts of kidney infection, and need for therapy. Any underlying disease will be considered. The likelihood of sudden incapacitating symptoms is of primary concern.

12. Congenital lesions of the kidney are often benign, and certification of applicants with ectopic and horseshoe kidney, agenesis (unilateral), and even hypoplasia and dysplasia is possible.

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43. Spine, other musculoskeletal		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(f)(2)

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make

6. Osteomyelitis, acute or chronic, with or without draining fistula(e).

7. Tremors, if sufficient to interfere with the performance of airman duties.

B. Item 43 — Spine, other musculoskeletal

1. Active disease of bones and joints, including arthritis.

2. Curvature, ankylosis, or other marked deformity of the spinal column sufficient to interfere with the performance of airman duties.

3. Herniation of intervertebral disc.

4. Other disturbances of musculoskeletal function, congenital or acquired, sufficient to interfere with the performance of airman duties or likely to progress to that degree, such as:

a. Musculoskeletal effects of cerebral palsy.

b. Myasthenia gravis.

c. Muscular dystrophy or other myopathies.

5. Amputations, with or without prostheses, are considered to be static defects and are best evaluated by means of a special medical flight test. The Examiner should defer issuance. If the applicant is otherwise qualified, the FAA may issue a limited certificate. This certificate will permit the applicant to proceed with flight training until ready for a medical flight test. At that time, at the applicant's request, the FAA (usually the Aeromedical Certification Division, AAM-300) will authorize the student pilot to take a medical flight test in conjunction with the regular flight test. The medical flight test and regular private pilot flight test are conducted by an FAA inspector. This affords the student an opportunity to demonstrate the ability to control the aircraft despite the handicap. The FAA inspector prepares a written report and indicates whether there is a safety problem. A medical certificate and SODA, without the student limitation, may be provided to the inspector for issuance to the applicant, or the inspector may be required to send the report to the FM medical officer who authorized the test.

When prostheses are used or additional control devices are installed in an aircraft to assist the amputee, those found qualified by special certification procedures will have their certificates limited to require that the devices (and, if necessary, even the specific aircraft) must always be used when exercising the privileges of the airman certificate.

6. Arthritis, if it is symptomatic or requires medication (other than small doses of nonprescription anti-inflammatory agents), is disqualifying unless the applicant holds a letter from the FAA specifically authorizing the Examiner to issue the certificate when the applicant is found otherwise qualified.

6. Osteomyelitis, acute or chronic, with or without draining fistula(e).

7. Tremors, if sufficient to interfere with the performance of airman duties.

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him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

None required.

B. Examination Techniques

A careful examination for surgical and other scars should be made, and those that are significant (the result of surgery or that could be useful as identifying marks) should be described. Tattoos should be recorded because they may be useful for identification.

III. DISPOSITION

The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

Scar tissue that involves the loss of function which may interfere with the safe performance of airman duties.

ITEM 45. Lymphatics

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
45. Lymphatics		

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(f)(2)

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

None required.

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II. EXAMINATION PROCEDURES

A. Equipment

None required.

B. Examination Techniques

A careful examination for surgical and other scars should be made, and those that are significant (the result of surgery or that could be useful as identifying marks) should be described. Tattoos should be recorded because they may be useful for identification.

III. DISPOSITION

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Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

A. Equipment

None required.

disturbance of sensation, loss of coordination, or loss of bowel or bladder control. Certain laboratory procedures, such as X-rays of the head or spine, electroencephalograms, or spinal paracentesis, may suggest significant medical history. The Examiner should note conditions identified in Item 60, with facts such as dates, frequency, and severity of occurrence.

B. Examination Techniques

The basic neurological examination consists of an examination of the 12 cranial nerves, motor strength, superficial reflexes, deep tendon reflexes, sensation, coordination, mental status, and includes the Babinski reflex and Romberg sign. The Examiner should be aware of any asymmetry in responses because this may be evidence of mild or early abnormalities. The Examiner should evaluate the visual field by direct confrontation or by perimetry. (See Item 53.)

III. DISPOSITION

The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

A. An established history of either of the following conditions is disqualifying for medical certification:

Epilepsy.

A disturbance of consciousness without satisfactory medical explanation of the cause.

An applicant who has a history of epilepsy or a disturbance of consciousness without satisfactory medical explanation of the cause must be denied or deferred by the Examiner. Infrequently, the FAA has granted special issuance when a seizure disorder has occurred in childhood and the individual has been seizure-free for a number of years. Factors that would be considered in determining eligibility in such cases would be age at onset, nature and frequency of seizures, precipitating causes, and duration of stability without medication. Followup evaluations are usually necessary to confirm continued stability of an individual's condition if a special issuance is granted.

Applicants who have a history of an unexplained disturbance of consciousness may also be granted a special issuance, but usually only after a prolonged period without recurrent episodes.

B. A history or the presence of any neurological condition or disease that potentially may incapacitate an individual should be regarded as initially disqualifying. Issuance of a medical certificate to an applicant in such cases should be denied or deferred pending further evaluation. Also, a convalescence period following illness or injury may be advisable to permit adequate stabilization of an individual's condition and to reduce the risk of an adverse event. Applications from

individuals with potentially disqualifying conditions should be forwarded to the FAA. Processing such applications can be expedited by including hospital records, consultation reports, and appropriate laboratory and selected imaging studies, if available. Symptoms or disturbances that are secondary to the underlying condition and that may be acutely incapacitating include pain, weakness, vertigo or incoordination, seizures or a disturbance of consciousness, visual disturbance, or mental confusion. Chronic conditions may be incompatible with safety in aircraft operation because of long-term unpredictability, severe neurologic deficit, or psychological impairment.

A history or the presence of any of the following conditions precludes issuance of a medical certificate:

1. Head trauma associated with:

a. Unconsciousness or disorientation of more than 1 hour following injury.

b. Focal neurologic deficit.

c. Depressed skull fracture.

d. Post-traumatic headache.

e. Subdural or epidural hematoma.

Complete neurological evaluation with appropriate laboratory and selected imaging studies will be required to determine an applicant's eligibility. A period of stabilization will usually be required to confirm that an applicant has adequately recovered from any of the above conditions before he/she is considered for medical certification.

2. Headache.

a. Migraine.

b. Migraine equivalent.

c. Cluster headache.

d. Chronic. tension headache.

e. Conversion headache.

f. Trigeminal neuralgia.

g. Atypical facial pain.

Pain, in some conditions, may be acutely incapacitating. Chronic recurring headaches or pain syndromes often require medications for relief or prophylaxis, and, in most instances, the use of such medications is disqualifying because they may interfere with a pilot's alertness and functioning.

3. Vertigo or disequilibrium.

a. Meniere's disease and acute peripheral vestibulopathy.

b. Alternobaric vertigo.

c. Hyperventilation syndrome.

d. Orthostatic hypotension.

e. Nonfunctioning labyrinths.

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3. Vertigo or disequilibrium.

a. Meniere's disease and acute peripheral vestibulopathy.

b. Alternobaric vertigo.

c. Hyperventilation syndrome.

d. Orthostatic hypotension.

e. Nonfunctioning labyrinths.

7. Spasticity, weakness, or paralysis of the extremities.

Conditions that are stable and nonprogressive may be considered for medical certification. Information necessary for determining eligibility for medical certification includes the medical history, etiology of the neurological condition, degree of involvement, period of stability, hospital records, and total current health and neurological status of the individual. Neurological consultation, including appropriate laboratory and selected imaging studies, will be required. The Examiner should defer issuance of a medical certificate and forward all records to the Aeromedical Certification Division, AAM-300.

8. Demyelinating and autoimmune disease.

a. Multiple sclerosis.

b. Acute optic neuritis.

c. Myasthenia gravis.

d. Landry-Guillain-Barre syndrome.

e. Allergic encephalomyelitis.

f. Collagen disease.

(1) Lupus erythematosus.

(2) Periarteritis nodosa.

(3) Acute polymyositis.

(4) Dermatomyositis.

Because of the variability and unpredictability of involvement and course of the above conditions, the FAA must consider each applicant's case to determine eligibility for medical certification. Factors used in determining eligibility will include the medical history, neurological involvement and persisting deficit, period of stability without symptoms, type and dosage of medications used, and general health. A neurological and/or general medical consultation will be necessary in most instances. The Examiner should defer issuance of a medical certificate and forward all medical records to the Aeromedical Certification Division, AAM-300.

9. Extrapyramidal, hereditary, and degenerative diseases of the nervous system.

a. Parkinson's disease.

b. Essential tremor.

c. Huntington's disease.

d. Wilson's disease.

e. Dystonia musculorum deformans.

f. Gilles de la Tourette syndrome.

g. Athetosis.

h. Creutzfeldt-Jakob disease.

i. Dementia.

j. Alzheimer's disease.

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g. Athetosis.

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i. Dementia.

j. Alzheimer's disease.

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(d)(1) Mental:

***No established medical history or clinical diagnosis of any of the following:

A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

A psychosis.

Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, "alcoholism" means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

Drug dependence. As used in this section, "drug dependence" means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

***No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate qualified, medical judgment relating to the condition involved.

(Also see Item 18.n.)

II. EXAMINATION PROCEDURES

A. Equipment

No psychological tests or other special software or hardware are routinely required for the psychiatric evaluation.

B. Examination Techniques

The FAA does not expect the Examiner to perform a psychiatric interview. However, the Examiner should form a general impression of

I. FEDERAL AVIATION REGULATIONS

A. All Classes: FAR §§ 67.13, 67.15, and 67.17(d)(1) Mental:

***No established medical history or clinical diagnosis of any of the following:

A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

A psychosis.

Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, "alcoholism" means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

Drug dependence. As used in this section, "drug dependence" means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

***No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate qualified, medical judgment relating to the condition involved.

(Also see Item 18.n.)

II. EXAMINATION PROCEDURES

A. Equipment

No psychological tests or other special software or hardware are routinely required for the psychiatric evaluation.

B. Examination Techniques

The FAA does not expect the Examiner to perform a psychiatric interview. However, the Examiner should form a general impression of

about the flow of associations, mood, and memory, is generally available from the usual interactions during the examination.

The Examiner should make observations about the following specific elements and should note on the form any gross or notable deviations from normal:

a. Appearance (abnormal if dirty, disheveled, odoriferous, or unkempt).

b. Behavior (abnormal if uncooperative, bizarre, or inexplicable).

c. Mood (abnormal if excessively angry, sad, euphoric, or labile).

d. Communication (abnormal if incomprehensible, does not answer questions directly).

e. Memory (abnormal if unable to recall recent events).

f. Cognition (abnormal if unable to engage in abstract thought, or if delusional or hallucinating).

Significant observations during this part of the medical examination should be recorded in Item 60 of the application form. The Examiner, upon identifying any significant problems, should defer issuance of the medical certificate and report findings to the FAA. This could be accomplished by contacting the Regional Flight Surgeon or the Aeromedical Certification Division, AAM-300.

III. DISPOSITION

A. General Considerations

It must be pointed out that considerations for safety, which in the "mental" area are related to a compromise of judgment and emotional control or to diminished mental capacity with loss of behavioral control, are not the same as concerns for emotional health in everyday life. Some problems may have only a slight impact on an individual's overall capacities and the quality of life, but may nevertheless have a great impact on safety. Conversely, many emotional problems that are of therapeutic and clinical concern have no impact on safety.

The fact that an applicant has seen a mental health professional needs to be elucidated, but may be found not to have significance for medical certification. For instance, growth and adjustment problems requiring psychotherapy are usually not considered significant for safety when there have been no vocational disruptions and medications are not used. This might include marital counseling, or psychotherapy for identity problems or issues of growth and personal fulfillment. A history of brief situational problems secondary to such life events as marital disruption, business problems, and the death of loved ones may likewise not be significant. Also, sexual behavior that does not reflect upon overall judgment and self control is not a concern for safety.

B. Denials

The FAA has concluded that certain psychiatric conditions are such that their presence or a past history of their presence is sufficient to suggest a significant potential threat to safety. It is, therefore, incumbent upon the Examiner to be aware of any indications of these conditions currently, or in the past, and to deny or defer issuance of the medical certificate to an applicant who has a history of these conditions. An applicant who has a current diagnosis or history of these conditions (listed below) may request the FAA to grant a special issuance under FAR § 67.19 and, based upon individual considerations, the FAA may grant such an issuance.

The use of a psychotropic drug is usually considered disqualifying. This includes all sedatives, major tranquilizers, antidepressant drugs, and hallucinogens. The Examiner should defer issuance and forward the medical records to the Aeromedical Certification Division, AAM-300.

1. The category of *personality disorder severe enough to have repeatedly manifested itself by overt acts* refers to diagnosed personality disorders that involve what is called "acting out" behavior. These personality problems relate to poor social judgment, impulsivity, and disregard or antagonism toward authority, especially rules and regulations. A history of longstanding behavioral problems, whether major (criminal) or relatively minor (truancy, military misbehavior, petty criminal and civil indiscretions, and social instability), usually occurs with these disorders. Driving infractions and previous failures to follow aviation regulations may be examples of these acts.

2. The category of *psychosis* includes schizophrenias and manic depressive illnesses along with some other rarer conditions. Because these invariably lead to hospitalization and severe disruption of life patterns, any such indications from the history form will be helpful. Any indication of unusual or bizarre behavior during the examination is noteworthy.

3. Alcoholism is a condition in which the loss of control over alcohol consumption is accompanied by various deleterious effects on physical health as well as personal or social functioning. There are many other indicators of alcoholism in the history and physical examination. Treatment for alcohol-related problems, arrests, including charges of driving under the influence of alcohol, and vocational or marital disruption related to alcohol consumption are important indicators. Alcohol on the breath at the time of a routine physical examination should arouse a high index of suspicion. Consumption of alcohol sufficient to cause liver damage is an indication of the presence of alcoholism.

4. Drug dependence refers to the use of drugs of dependence, which include sedative tranquilizers and soporifics, narcotic drugs, and amphetamines. (The use of hallucinogens is not considered under this category.) A history of dependence is difficult to

B. Denials

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II. EXAMINATION PROCEDURES

A. Equipment

No equipment is required. The physicians' skills of history taking, observation, palpation, etc., are the principal tools used in detecting abnormalities of the endocrine system.

B. Examination Techniques

A protocol for examinations applicable to Item 48 is not provided because the necessary history taking, observation, and other examination techniques used in examining other systems have already revealed much of what can be known about the status of the applicant's endocrine and other systems. For example, the examination of the skin alone can reveal important signs of thyroid dysfunction, Addison's disease, Cushing's disease, and several other endocrine disorders. The eye may reflect a thyroid disorder (exophthalmos) or diabetes (retinopathy).

When the Examiner reaches Item 48 in the course of the examination of an applicant, it is recommended that the Examiner take a moment to review and determine if key procedures have been performed in conjunction with examinations made under other items, and to determine the relevance of any positive or abnormal findings to a general systemic appraisal.

1. Has the neck been palpated and the hair, skin, and fingernails been checked for signs of thyroid disease?

2. Have the eyes been checked for diabetic retinopathy? Are there neural or vascular changes suggestive of diabetes?

3. Is there acromegaly or other growth abnormalities suggesting a pituitary dysfunction?

4. Is there abnormal calcium deposition or bony abnormalities to suggest parathyroid disease?

5. Has the abdomen been checked for the striae of Cushing's disease and have the hands been observed for the abnormal pigmentation of Addison's disease?

6. Is there evidence of fluid imbalance? Are the sexual characteristics within normal range?

III. DISPOSITION

A. The following is a partial list of conditions that warrant denial or deferral to the Aeromedical Certification Division, AAM-300. All disqualifying defects are subject to further FAA consideration.

Endocrine Disorders Other Than Diabetes Mellitus

1. Acromegaly.

2. Addison's disease.

3. Cushing's disease or syndrome.

4. Diabetes insipidus.

II. EXAMINATION PROCEDURES

A. Equipment

No equipment is required. The physicians' skills of history taking, observation, palpation, etc., are the principal tools used in detecting abnormalities of the endocrine system.

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Carbohydrate Metabolism," Appendix B.)

B. The following nonendocrine general systemic findings are disqualifying for Examiner issuance of a medical certificate. Further consideration may be obtained by written appeal. Other general systemic conditions may also disqualify.

1. *Body build:* Any congenital or acquired defect that would adversely affect flying safety or endanger the individual's well-being if permitted to fly.

Although obesity in itself is not disqualifying, related conditions or diseases may be.

2. *Allergies:* Mild seasonal allergies are not disqualifying but Federal regulations require that the applicant not fly during times when symptoms are acute or medications are required.

Desensitization injections are not disqualifying if the applicant is otherwise qualified and is experiencing no residual symptoms or adverse reactions. For example, a pilot with allergic rhinitis who is experiencing only local reactions from desensitization and who requires no antihistamines or decongestant medication could be issued a medical certificate of any class if otherwise qualified and any residual symptoms of the allergy (i.e., nasal stuffiness) are transitory and mild. The Examiner should record in Item 60 the period and duration of any allergic symptoms.

3. Malignancies, except for minor skin lesions, are disqualifying until they are adequately treated and have been evaluated by the FAA. Surgery for cancer is not disqualifying, per se, unless a radical procedure results in a significant loss of functions or processes necessary to aviation safety.

When sufficient time has elapsed for recovery from the adverse effects of the eradication procedure, the applicant may receive FAA consideration upon written request. A report from the treating physician should be submitted along with all medical and surgical records. If the applicant is found qualified, the FAA will issue a medical certificate. Followup reports may be required at specified intervals depending upon the site of the malignancy, post-operative progress, prognosis, metastases, lapse of time since surgery or related symptoms, use of medication, and other pertinent historical data.

4. Acquired Immunodeficiency Syndrome (AIDS). Applicants for whom the diagnosis of AIDS has been established are not eligible to receive an airman medical certificate. This includes applicants who have developed AIDS-defining conditions such as pneumocystis carinii pneumonia or Kaposi's sarcoma.

Known virologic or serologic evidence of infection with Human Immunodeficiency Virus (HIV) is not, per se, a basis for refusal of certification. The presence or history of disease or the use of medications to treat AIDS or its manifestations,

Carbohydrate Metabolism," Appendix B.)

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Known virologic or serologic evidence of infection with Human Immunodeficiency Virus (HIV) is not, per se, a basis for refusal of certification. The presence or history of disease or the use of medications to treat AIDS or its manifestations,

however, is a basis for disqualification. The Examiner should obtain all pertinent medical records and forward them with FAA Form 8500-8 to the Aeromedical Certification Division, AAM-300.

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CHAPTER 4
EXAMINATION TECHNIQUES AND CRITERIA FOR QUALIFICATION

Items 49-64 of FAA Form 8500-8

This chapter provides guidance for the completion of Items 4964 of FAA Form 8500-8. The conduct of the examinations required for the completion of Items 49-58 may be delegated to a qualified physician's assistant, nurse, aide, or laboratory assistant. Regardless of who performs the tests, the Examiner is responsible for the accuracy of the findings and this responsibility **may not** be delegated.

After all routine evaluations and tests are completed, the Examiner should make a complete review of FAA Form 8500-8. If the form is complete and accurate, the Examiner should add final comments, make qualification decision statements, and sign the declaration. The medical history page of FAA Form 8500-8 must be completed in the handwriting of and signed and dated by the applicant. The reverse of the FAA copy must be typed and personally signed by the Examiner. Typing facilitates computer processing.

ITEM 49. Hearing

49. Hearing	Right Ear	Left Ear
Voice Test		

	Right Ear				
Audiometer (Threshold in Decibels)	500	1000	2000	3000	4000

	Left Ear				
Audiometer (Threshold in Decibels)	500	1000	2000	3000	4000

I. FEDERAL AVIATION REGULATIONS

A. First-Class: FAR § 67.13(c)(1)

***Ability to —

Hear the whispered voice at a distance of at least 20 feet with each ear separately; or

Demonstrate a hearing acuity of at least 50 percent of normal in each ear throughout the effective speech and radio range as shown by a standard audiometer.

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I. FEDERAL AVIATION REGULATIONS

A. First-Class: FAR § 67.13(c)(1)

***Ability to —

Hear the whispered voice at a distance of at least 20 feet with each ear separately; or

Demonstrate a hearing acuity of at least 50 percent of normal in each ear throughout the effective speech and radio range as shown by a standard audiometer.

not provide for audiometric testing for second- and third-class certification. Therefore, the whispered voice test must be conducted to determine if the applicant is qualified. Audiometry may be performed as a service to the applicant, but it may not be used as a criterion for qualification for a second- or third-class medical certificate.

2. Equipment.

a. Approval. The FAA does not approve or designate specific audiometric equipment for use in medical certification. Equipment used for FAA testing must accurately and reliably cover the required frequencies and have adequate threshold step features.

Because every audiometer manufactured in the United States for screening and diagnostic purposes is built to meet appropriate standards, most audiometers should be acceptable *if they are maintained in proper calibration* and are used in an adequately quiet place.

b. Calibration. It is critical that any audiometer be periodically calibrated to ensure its continued accuracy. Annual calibration is recommended. Also recommended is the further safeguard of an occasional audiogram on a "known" subject or staff member between calibrations, especially at any time that a test result unexpectedly varies significantly from the hearing levels clinically expected. This testing provides an approximate "at threshold" calibration.

c. ASA/ANSI. Older audiometers were often calibrated to meet the standards specified by the USA Standards Institute (USASI), formerly the American Standards Association (ASA). These standards were based upon a U.S. Public Health Service survey. Newer audiometers are calibrated so that the zero hearing threshold level is now based on laboratory measurements rather than on the survey. In 1969, the American National Standards Institute (ANSI) incorporated these new measurements in § 3.6-l 969 of the specifications. Audiometers built to this standard have calipers or dials that read in ANSI values. For these reasons, *it is very important that every audiogram submitted (for values reported under Item 49 on FM Form 8500-8) include a note indicating whether it is ASA or ANSI.* Only then can the FAA standards be appropriately applied.

ASA or USASI values can be converted to ANSI by adding corrections as follows:

Frequency (HZ)	500	1,000	2,000
Decibels Added	14	IO	8.5

III. DISPOSITION

A. Special Issuances

Applicants who do not meet the auditory standards may be found eligible for a SODA. An applicant seeking a SODA must make the request in writing to the Aeromedical Certification Division, AAM-300. A determination of qualifications will be made on the basis of a special

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Medical Examination, with all available supplementary information, to the Aeromedical Certification Division, AAM-300.

ITEM 50. Distant Vision

50. Distant Vision		
Right	20/	Corrected to 20/
Left	20/	Corrected to 20/
Both	20/	Corrected to 20/

I. FEDERAL AVIATION REGULATIONS

A. First- and Second-Class; FAR §§ 67.13 and 67.15(b)(1)

***Distant visual acuity of 20/20 or better in each eye separately, without correction; or of at least 20/100 in each eye separately corrected to 20/20 or better with corrective lenses (glasses or contact lenses), in which case the applicant may be qualified only on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

B. Third-Class; FAR § 67.17(b)(1)

***Distant visual acuity of 20/50 or better in each eye separately, without correction; or if the vision in either or both eyes is poorer than 20/50 and is corrected to 20/30 or better in each eye with corrective lenses (glasses or contact lenses), the applicant may be qualified on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

II. EXAMINATION PROCEDURES

A. Equipment

1. Snellen 20-foot eye chart.

2. Acceptable substitutes: Projector with screen; Keystone Orthoscope; Bausch & Lomb Orthorator; AOC Site-Screener; Titmus Optical Vision Tester; Keystone Telebinocular; OPTEC 2000.

B. Examination Techniques

1. Each eye will be tested separately, and both eyes together.

2. Snellen eye charts may be used as follows:

a. The Snellen chart should be illuminated by a 100-watt incandescent lamp placed 4 feet in front of and slightly above the chart.

b. The chart or screen should be placed 20 feet from the applicant's eyes and the 20/20 line should be placed 5 feet, 4 inches above the floor.

c. A metal, opaque plastic, or cardboard occluder should be used to cover the eye not being examined.

d. The examining room should be darkened with the

Medical Examination, with all available supplementary information, to the Aeromedical Certification Division, AAM-300.

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Right	20/	Corrected to 20/
Left	20/	Corrected to 20/
Both	20/	Corrected to 20/

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c. A metal, opaque plastic, or cardboard occluder should be used to cover the eye not being examined.

d. The examining room should be darkened with the

that the two forms be mailed to the FAA separately. It should be noted that, for an applicant for a third-class medical certificate, there is no limit for uncorrected distant visual acuity.

Applicants for first- and second-class certificates who have an uncorrected distant visual acuity that is worse than the current requirement of 20/100 but is not worse than 20/200, and corrects to 20/20, shall not be required to submit a Report of Eye Evaluation if, in the careful conduct of the clinical examination required for certification, the Examiner finds no evidence of significant underlying pathology. For the issuance of a SODA to these applicants, the following procedures apply:

1. As for all certification examinations, the Examiner shall conduct a careful clinical examination of the applicant's eyes.

2. If the Examiner determines that no significant eye pathology exists, it shall be stated under Item 60 of the application form (FAA Form 8500-8).

3. The Examiner may contact the Regional Flight Surgeon or the Aeromedical Certification Division, AAM-300, and recommend the issuance of a SODA. If the FAA agrees, the applicant will be assigned a temporary SODA serial number. The Examiner shall enter this number in Item 24 of FAA Form 8500-8 and may issue the certificate if the applicant is otherwise qualified. The Manager of the Aeromedical Certification Division, AAM-300, assigns temporary SODA serial numbers to each regional medical office.

4. Upon receipt of FAA Form 8500-8, the Aeromedical Certification Division will review agency records and, if no additional information is needed, forward to the airman a SODA (FAA Form 8500-15) with the assigned permanent number.

This procedure is designed to expedite the granting of a SODA to an applicant whose uncorrected distant visual acuity is worse than 20/100, but is not worse than 20/200. For first- and second-class applicants whose uncorrected distant visual acuity is worse than 20/200 or whose vision does not correct to 20/20, completion of a Report of Eye Evaluation (FAA Form 8500-7) and submission of all documentation to the FAA for action is required for grant of a special issuance.

C. Applicants who do not meet the visual standards should be referred to a specialist for evaluation. Applicants with visual acuity problems may be referred to either an optometrist or an ophthalmologist. Applicants with eye disease (e.g., glaucoma) should be referred only to an ophthalmologist (except as provided for in paragraph 3 above). The FAA Form 8500-7, Report of Eye Evaluation, should be provided to the specialist by the Examiner.

D. Amblyopia

In amblyopia ex anopsia, the visual acuity of one eye is decreased without the presence of organic eye disease, usually because of

strabismus or anisometropia in childhood. In amblyopia ex anopsia, the visual acuity loss is simply recorded under Item 50 of FAA Form 8500-8, and visual standards are applied as usual. If the standards are not met, a Report of Eye Evaluation, FAA Form 8500-7, should be submitted with FAA Form 8500-8.

E. Aphakia

Because there is no limit for the uncorrected vision of a third-class applicant, the Examiner may issue a medical certificate to an aphakic third-class applicant if:

1. The applicant has fully recovered postoperatively and is stable.

2. There is no other pathology of the eye.

3. The visual standard of 20/30 is achieved in the aphakic eye(s) with use of corrective contact lens(es) or lens implant(s), and near vision corrects adequately with glasses.

First- and second-class applicants who have had cataract surgery should be deferred issuance of a certificate and all reports should be submitted to the Aeromedical Certification Division, AAM-300, for further consideration.

F. Contact Lenses

Experience has indicated no significant risk to aviation safety in the use of contact lenses for distant vision correction. As a consequence, no special evaluation is routinely required before the use of contact lenses is authorized, and no SODA is required or issued to a contact lens wearer who has no complications. However, contact lenses that correct near visual acuity only or that are bifocal are generally not considered acceptable for aviation duties. Similarly, the use of a contact lens in one eye for distant visual acuity and a lens in the other eye for near visual acuity is not acceptable.

The Examiner's careful evaluation of the eye is of major importance. Issuance should be deferred if the Examiner finds evidence of lens irritation or a tinted lens that causes significant diminution of transmitted light. It is recommended that the Examiner's receptionist ask new applicants if they use contact lenses and, if so, advise them to remove the lens for 24 hours before appearing for the examination if at all possible. This procedure serves to overcome the difficulty of determining uncorrected visual acuity that would have been altered by corneal molding from wearing of the contact lenses. If the applicant has been recently examined by an eye specialist, the Examiner may wish to contact that specialist for pertinent information. The Examiner should indicate on FAA Form 8500-8 how the uncorrected distant visual acuity values were obtained, and the length of time lapse between removal of the lenses and testing.

G. Monocularity

An individual with one eye, or effective visual acuity equivalent to monocular, may be considered for medical certification, any class,

strabismus or anisometropia in childhood. In amblyopia ex anopsia, the visual acuity loss is simply recorded under Item 50 of FAA Form 8500-8, and visual standards are applied as usual. If the standards are not met, a Report of Eye Evaluation, FAA Form 8500-7, should be submitted with FAA Form 8500-8.

E. Aphakia

Because there is no limit for the uncorrected vision of a third-class applicant, the Examiner may issue a medical certificate to an aphakic third-class applicant if:

1. The applicant has fully recovered postoperatively and is stable.

2. There is no other pathology of the eye.

3. The visual standard of 20/30 is achieved in the aphakic eye(s) with use of corrective contact lens(es) or lens implant(s), and near vision corrects adequately with glasses.

First- and second-class applicants who have had cataract surgery should be deferred issuance of a certificate and all reports should be submitted to the Aeromedical Certification Division, AAM-300, for further consideration.

F. Contact Lenses

Experience has indicated no significant risk to aviation safety in the use of contact lenses for distant vision correction. As a consequence, no special evaluation is routinely required before the use of contact lenses is authorized, and no SODA is required or issued to a contact lens wearer who has no complications. However, contact lenses that correct near visual acuity only or that are bifocal are generally not considered acceptable for aviation duties. Similarly, the use of a contact lens in one eye for distant visual acuity and a lens in the other eye for near visual acuity is not acceptable.

The Examiner's careful evaluation of the eye is of major importance. Issuance should be deferred if the Examiner finds evidence of lens irritation or a tinted lens that causes significant diminution of transmitted light. It is recommended that the Examiner's receptionist ask new applicants if they use contact lenses and, if so, advise them to remove the lens for 24 hours before appearing for the examination if at all possible. This procedure serves to overcome the difficulty of determining uncorrected visual acuity that would have been altered by corneal molding from wearing of the contact lenses. If the applicant has been recently examined by an eye specialist, the Examiner may wish to contact that specialist for pertinent information. The Examiner should indicate on FAA Form 8500-8 how the uncorrected distant visual acuity values were obtained, and the length of time lapse between removal of the lenses and testing.

G. Monocularity

An individual with one eye, or effective visual acuity equivalent to monocular, may be considered for medical certification, any class,

on ability to read official aeronautical maps.

C. Third-Class: FAR § 67.17(b)(2)

***No serious pathology of the eye.

II. EXAMINATION PROCEDURES

A. Equipment

1. FAA Form 8500-1, Near Vision Acuity Test Card.

2. Acceptable substitutes:

- Keystone Orthoscope.
- AOC Site-Screener.
- Bausch & Lomb Orthorator.
- Titmus Optical Vision Tester.
- Keystone Telebinocular.
- OPTEC 2000.

B. Examination Techniques

1. Near visual acuity is determined for each eye separately and for both eyes together. Test values are recorded both with and without correcting glasses when glasses are worn or required to meet the standards. Bifocal contact lenses or contact lenses that correct for near visual acuity only are not considered acceptable.

2. FAA Form 8500-1, Near Vision Acuity Test Card, should be used as follows:

a. The examination is conducted in a well-lighted room with the source of light behind the applicant.

b. The applicant holds the card 16 inches from the eyes in a position that will provide uniform illumination. To ensure that the card is held at exactly 16 inches from the eyes, a string of that length may be attached to the card. The print size of the FAA test card, held at 16 inches, provides an equivalent test to that prescribed for first-class applicants at 18 inches in FAR § 67.13(b)(2).

c. Each eye is tested separately, with the other eye covered. Both eyes are then tested together.

d. The smallest type correctly read with each eye separately and both eyes together is recorded in linear value. In performing the test using FAA Form 8500-1, the level of visual acuity will be recorded as the line of smallest type the applicant reads accurately. The applicant should be allowed no more than two misread letters on any line.

e. Common errors:

(1) Inadequate illumination of the test card.

(2) Failure to hold the card the specified distance from the eye.

on ability to read official aeronautical maps.

C. Third-Class: FAR § 67.17(b)(2)

***No serious pathology of the eye.

II. EXAMINATION PROCEDURES

A. Equipment

1. FAA Form 8500-1, Near Vision Acuity Test Card.

2. Acceptable substitutes:

- Keystone Orthoscope.
- AOC Site-Screener.
- Bausch & Lomb Orthorator.
- Titmus Optical Vision Tester.
- Keystone Telebinocular.
- OPTEC 2000.

B. Examination Techniques

1. Near visual acuity is determined for each eye separately and for both eyes together. Test values are recorded both with and without correcting glasses when glasses are worn or required to meet the standards. Bifocal contact lenses or contact lenses that correct for near visual acuity only are not considered acceptable.

2. FAA Form 8500-1, Near Vision Acuity Test Card, should be used as follows:

a. The examination is conducted in a well-lighted room with the source of light behind the applicant.

b. The applicant holds the card 16 inches from the eyes in a position that will provide uniform illumination. To ensure that the card is held at exactly 16 inches from the eyes, a string of that length may be attached to the card. The print size of the FAA test card, held at 16 inches, provides an equivalent test to that prescribed for first-class applicants at 18 inches in FAR § 67.13(b)(2).

c. Each eye is tested separately, with the other eye covered. Both eyes are then tested together.

d. The smallest type correctly read with each eye separately and both eyes together is recorded in linear value. In performing the test using FAA Form 8500-1, the level of visual acuity will be recorded as the line of smallest type the applicant reads accurately. The applicant should be allowed no more than two misread letters on any line.

e. Common errors:

(1) Inadequate illumination of the test card.

(2) Failure to hold the card the specified distance from the eye.

ITEM 52. Color Vision

52. Color Vision	
☐ Normal	☐ Abnormal

I. FEDERAL AVIATION REGULATIONS

A. First-Class: FAR § 67.13(b)(3)

***Normal color vision.

B. Second-Class: FAR § 67.15(b)(5)

***Ability to distinguish aviation signal red, aviation signal green, and white.

C. Third-Class: FAR § 67.17(b)(3)

***Ability to distinguish aviation signal red, aviation signal green, and white.

II. EXAMINATION PROCEDURES

A. Equipment

1. Pseudoisochromatic plates. (American Optical Company [AOC], 1965 edition; AOC-HRR, 2nd edition; Dvorine, 2nd edition; Ishihara, concise 14-plate edition, 16-, 24-, or 38-plate editions; or Richmond, 1983 edition, 15-plates.)

2. Acceptable substitutes:

- Farnsworth Lantern.
- Keystone Orthoscope.
- Keystone Telebinocular.
- OPTEC 2000.
- Titmus Vision Tester.
- Titmus II Vision Tester.

B. Techniques

1. The test plates to be used for each of the approved pseudoisochromatic tests are:

Test	Edition	Plates
AOC	[illegible]	I-15
AOC-HRR	2nd	I-I 1
Dvorine	2nd	I-15
Ishihara	14-Plate	I-I 1
Ishihara	16-Plate	I-8
Ishihara	24-Plate	I-I 5
Ishihara	38-Plate	I-21
Richmond	1983	I-I 5

2. The following conditions should be ensured when testing with pseudoisochromatic plates:

a. The test book should be held 30 inches from the applicant.

b. Plates should be illuminated by at least 20-foot candles, preferably by a Macbeth Easel Lamp. (If another artificial light is used, it must be a daylight fluorescent lamp, or a 100-watt blue daylight bulb.)

c. Three seconds should be allowed for the applicant to interpret and respond to a given plate.

3. Testing procedures for the Farnsworth lantern, Keystone, OPTEC 2000, Titmus, and Titmus II testers accompany the instruments.

4. The results (normal or abnormal) should be recorded.

III. DISPOSITION

An applicant does not meet the color vision standard if testing reveals:

A. First-Class

1. Five or more errors on plates l-l 5 of the AOC (1965 edition) pseudoisochromatic plates.

2. AOC-HRR (second edition): Any error in test plates l-6. Because the first 4 plates in the test book are for demonstration only, test plate 1 is actually the fifth plate in the test book; see instruction booklet.

3. Three or more errors in plates l-l 5 of Dvorine pseudoisochromatic plates (second edition, 15 plates).

4. Two or more errors on plates l-l 1 of the concise 14-plate edition of the Ishihara pseudoisochromatic plates. Two or more errors on plates l-8 of the 16-plate edition of Ishihara pseudoisochromatic plates. Three or more errors on plates l-l 5 of the 24-plate edition of Ishihara pseudoisochromatic plates. Four or more errors on plates I-21 of the 38-plate edition of Ishihara pseudoisochromatic plates.

5. Five or more errors on plates I-15 of the Richmond (1983 edition) pseudoisochromatic plates.

6. Farnsworth Lantern test: An average of more than one error per series of nine color pairs in series 2 and 3. (See instruction booklet.)

7. Any errors in the six plates of the Titmus Vision Tester, the Titmus II Vision Tester, the OPTEC 2000 Vision Tester, the Keystone Orthoscope, or the Keystone Telebinocular. (See instruction booklet.)

B. Second- and Third-Class

1. Seven or more errors on plates l-l 5 of the AOC (1965 edition) pseudoisochromatic plates.

2. AOC-HRR (second edition): Any error in test plates 7-l 1. Because the first 4 plates in the test book are for demonstration only, test plate 7 is actually the eleventh plate in the book. (See instruction booklet.)

3. Seven or more errors on plates l-l 5 of Dvorine pseudoisochromatic plates (second edition).

4. Six or more errors on plates l-l 1 of the concise 14-plate edition of the Ishihara pseudoisochromatic plates. Four or more errors on plates l-8 of the 16-plate edition of Ishihara pseudoisochromatic plates. Seven or more errors on plates I-15 of the 24-plate edition of Ishihara

3. Testing procedures for the Farnsworth lantern, Keystone, OPTEC 2000, Titmus, and Titmus II testers accompany the instruments.

4. The results (normal or abnormal) should be recorded.

III. DISPOSITION

An applicant does not meet the color vision standard if testing reveals:

A. First-Class

1. Five or more errors on plates l-l 5 of the AOC (1965 edition) pseudoisochromatic plates.

2. AOC-HRR (second edition): Any error in test plates l-6. Because the first 4 plates in the test book are for demonstration only, test plate 1 is actually the fifth plate in the test book; see instruction booklet.

3. Three or more errors in plates l-l 5 of Dvorine pseudoisochromatic plates (second edition, 15 plates).

4. Two or more errors on plates l-l 1 of the concise 14-plate edition of the Ishihara pseudoisochromatic plates. Two or more errors on plates l-8 of the 16-plate edition of Ishihara pseudoisochromatic plates. Three or more errors on plates l-l 5 of the 24-plate edition of Ishihara pseudoisochromatic plates. Four or more errors on plates I-21 of the 38-plate edition of Ishihara pseudoisochromatic plates.

5. Five or more errors on plates I-15 of the Richmond (1983 edition) pseudoisochromatic plates.

6. Farnsworth Lantern test: An average of more than one error per series of nine color pairs in series 2 and 3. (See instruction booklet.)

7. Any errors in the six plates of the Titmus Vision Tester, the Titmus II Vision Tester, the OPTEC 2000 Vision Tester, the Keystone Orthoscope, or the Keystone Telebinocular. (See instruction booklet.)

B. Second- and Third-Class

1. Seven or more errors on plates l-l 5 of the AOC (1965 edition) pseudoisochromatic plates.

2. AOC-HRR (second edition): Any error in test plates 7-l 1. Because the first 4 plates in the test book are for demonstration only, test plate 7 is actually the eleventh plate in the book. (See instruction booklet.)

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4. Six or more errors on plates l-l 1 of the concise 14-plate edition of the Ishihara pseudoisochromatic plates. Four or more errors on plates l-8 of the 16-plate edition of Ishihara pseudoisochromatic plates. Seven or more errors on plates I-15 of the 24-plate edition of Ishihara

C. Third-Class:
FAR § 67.17(b)(2)

***No serious pathology of the eye.

II. EXAMINATION PROCEDURES

A. Equipment

1. Fifty-inch square black matte surface wall target with center white fixation point; 2 millimeter white test object on black-handled holder.

2. Acceptable substitute: Standard perimeter.

B. Techniques

1. Wall target.

a. The applicant should be seated 40 inches from the target.

b. An occluder should be placed over the applicant's right eye.

c. The applicant should be instructed to keep the left eye focused on the fixation point.

d. The white test object should be moved from the outside border of the wall target toward the point of fixation on each of the eight 45-degree radials.

e. The result should be recorded on a worksheet as the number of inches from the fixation point at which the applicant first identifies the white target on each radial.

f. The test should be repeated with the applicant's left eye occluded and the right eye focusing on the fixation point.

2. Alternative Procedure.

A standard perimeter may be used in place of the above procedure. With this method, any significant deviation from normal field configuration will require evaluation by an ophthalmologist.

III. DISPOSITION

A. Ophthalmological Consultations

If an applicant fails to identify the target in any presentation at a distance of less than 23 inches from the fixation point, an ophthalmologist's evaluation must be requested. This is a requirement for all classes of certification. The Examiner should provide FAA Form 8500-I 4, Ophthalmological Evaluation for Glaucoma, for use by the ophthalmologist if glaucoma is suspected.

B. Glaucoma

The Examiner should deny or defer issuance of a medical certificate to an applicant if there is a loss of visual fields, a significant change in visual acuity, a diagnosis of or treatment for glaucoma, or intraocular hypertension.

The FAA grants special issuance on an individual basis. The Examiner can facilitate FAA review by obtaining a report of Ophthalmological Evaluation

C. Third-Class:
FAR § 67.17(b)(2)

***No serious pathology of the eye.

II. EXAMINATION PROCEDURES

A. Equipment

1. Fifty-inch square black matte surface wall target with center white fixation point; 2 millimeter white test object on black-handled holder.

2. Acceptable substitute: Standard perimeter.

B. Techniques

1. Wall target.

a. The applicant should be seated 40 inches from the target.

b. An occluder should be placed over the applicant's right eye.

c. The applicant should be instructed to keep the left eye focused on the fixation point.

d. The white test object should be moved from the outside border of the wall target toward the point of fixation on each of the eight 45-degree radials.

e. The result should be recorded on a worksheet as the number of inches from the fixation point at which the applicant first identifies the white target on each radial.

f. The test should be repeated with the applicant's left eye occluded and the right eye focusing on the fixation point.

2. Alternative Procedure.

A standard perimeter may be used in place of the above procedure. With this method, any significant deviation from normal field configuration will require evaluation by an ophthalmologist.

III. DISPOSITION

A. Ophthalmological Consultations

If an applicant fails to identify the target in any presentation at a distance of less than 23 inches from the fixation point, an ophthalmologist's evaluation must be requested. This is a requirement for all classes of certification. The Examiner should provide FAA Form 8500-I 4, Ophthalmological Evaluation for Glaucoma, for use by the ophthalmologist if glaucoma is suspected.

B. Glaucoma

The Examiner should deny or defer issuance of a medical certificate to an applicant if there is a loss of visual fields, a significant change in visual acuity, a diagnosis of or treatment for glaucoma, or intraocular hypertension.

The FAA grants special issuance on an individual basis. The Examiner can facilitate FAA review by obtaining a report of Ophthalmological Evaluation

to determine if there is binocular fixation and adequate vergence-phoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

C. Third-Class:

***No standards.

II. EXAMINATION PROCEDURES

A. Equipment

1. Red Maddox rod with handle.

2. Horizontal prism bar with graduated prisms beginning with one prism diopter and increasing in power to at least eight prism diopters.

3. Acceptable substitutes:

- Maddox rod and Risley rotary prism.
- Maddox rod and individual prisms.
- Keystone Orthoscope.
- Bausch & Lomb Orthorator.
- AOC Site-Screener.
- Titmus Optical Vision Tester.
- Keystone Telebinocular.
- OPTEC 2000.

B. Techniques

Test procedures to be used accompany the instruments. If the Examiner needs specific instructions for use of the horizontal prism bar and red Maddox rod, these may be obtained from the Regional Flight Surgeon.

III. DISPOSITION

A. Third-Class

Applicants for a third-class certificate are not required to undergo heterophoria testing. However, if an applicant has strabismus or a history of diplopia, the Examiner should defer issuance of a certificate and forward the application to the Aeromedical Certification Division, AAM-300. If the applicant wishes further consideration, the Examiner can help expedite FAA review by providing the applicant with a copy of FAA Form 8500-7, Report of Eye Evaluation. The Examiner may hold FAA Form 8500-8 pending receipt of the eye report, FAA Form 8500-7, if a delay of no more than 14 days is expected. Otherwise, the Examiner should forward FAA Form 8500-8 immediately to the Aeromedical Certification Division, AAM-300, with a notation that a specialty report will follow.

B. First- and Second-Class

If an applicant exceeds the heterophoria standards (one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria) but shows no

to determine if there is binocular fixation and adequate vergence-phoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

C. Third-Class:

***No standards.

II. EXAMINATION PROCEDURES

A. Equipment

1. Red Maddox rod with handle.

2. Horizontal prism bar with graduated prisms beginning with one prism diopter and increasing in power to at least eight prism diopters.

3. Acceptable substitutes:

- Maddox rod and Risley rotary prism.
- Maddox rod and individual prisms.
- Keystone Orthoscope.
- Bausch & Lomb Orthorator.
- AOC Site-Screener.
- Titmus Optical Vision Tester.
- Keystone Telebinocular.
- OPTEC 2000.

B. Techniques

Test procedures to be used accompany the instruments. If the Examiner needs specific instructions for use of the horizontal prism bar and red Maddox rod, these may be obtained from the Regional Flight Surgeon.

III. DISPOSITION

A. Third-Class

Applicants for a third-class certificate are not required to undergo heterophoria testing. However, if an applicant has strabismus or a history of diplopia, the Examiner should defer issuance of a certificate and forward the application to the Aeromedical Certification Division, AAM-300. If the applicant wishes further consideration, the Examiner can help expedite FAA review by providing the applicant with a copy of FAA Form 8500-7, Report of Eye Evaluation. The Examiner may hold FAA Form 8500-8 pending receipt of the eye report, FAA Form 8500-7, if a delay of no more than 14 days is expected. Otherwise, the Examiner should forward FAA Form 8500-8 immediately to the Aeromedical Certification Division, AAM-300, with a notation that a specialty report will follow.

B. First- and Second-Class

If an applicant exceeds the heterophoria standards (one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria) but shows no

Measurement of blood pressure is an essential part of the FAA medical certification examination. Minimal standards have long been established for second- and third-class applicants at 170 mm mercury systolic and 100 mm mercury diastolic maximum pressure. These are resting values, and it is presumed that the applicant has not taken any antihypertensive agents for at least 30 days.

II. EXAMINATION PROCEDURES

In accordance with accepted clinical procedures, routine blood pressure should be taken with the applicant in the seated position. However, an applicant should not be denied or deferred first-class certification unless subsequent recumbent blood pressure readings exceed those specified in FAR § 67.13(e)(4). Also, an applicant should not be denied or deferred a second- or third-class certification unless a recumbent blood pressure exceeds 170 mm of mercury systolic and 100 mm of mercury diastolic. Any conditions that may adversely affect the validity of the blood pressure reading should be noted.

III. DISPOSITION

A. Examining Options

1. An applicant whose pressures are within the above limits, who has not used antihypertensives for 30 days, and who is otherwise qualified shall be issued a medical certificate by the Examiner.

2. An applicant whose blood pressure is slightly elevated beyond the FAA specified limits, may, at the Examiner's discretion, have the pressures repeated (a.m. and p.m. readings on 3 consecutive days are recommended). If the possibility of hypertension remains, even if it is mild or intermittent, the Examiner should defer certification and forward the application to the Aeromedical Certification Division, AAM-300, with a note of explanation.

3. The Examiner may evaluate applicants who are on antihypertensive therapy and issue second- and third-class medical certificates to otherwise qualified airmen whose hypertension is adequately controlled with acceptable medications without significant adverse effects. In such cases, the Examiner shall:

a. Conduct an evaluation or, *at the applicant's option,* review the report of a current (within preceding 6 months) cardiovascular evaluation by the applicant's attending physician. This evaluation must include pertinent personal and family medical history, including an assessment of the risk factors for coronary heart disease, a clinical examination including at least three blood pressure readings, a resting ECG, and a report of fasting plasma glucose, cholesterol, triglycerides, potassium, and creatinine levels. A maximal electrocardiographic exercise stress test will be accomplished *if it is indicated by history or clinical findings.* Specific mention must be made of the medications used, their

dosage, and the presence, absence, or history of adverse effects;

b. Summarize the results of this evaluation and attach the appropriate documents to a current FAA Form 8500-8.

c. Report the results of any additional tests or evaluations that have been accomplished.

d. If appropriate, state on FAA Form 8500-8 that the applicant's blood pressure is adequately controlled with acceptable medication, there are no known significant adverse effects, and no other cardiovascular, cerebrovascular, or arteriosclerotic disease is evident;

e. Defer certification if the applicant declines any of the recommended evaluations.

4. Medications acceptable to the FAA for treatment of hypertension in airmen include all diuretics, all Food and Drug Administration (FDA) approved beta-adrenergic blocking agents, labetolol, hydralazine, minoxidil, prazosin, ACE inhibitors, calcium slow channel blocking agents, and combinations thereof. Dosage levels should be the minimum to obtain optimal clinical control and should not be modified to influence the certification decision.

5. Reserpine, guanethidine, guanadrel, methyldopa, clonidine, and guanabenz are *not* usually acceptable to the FAA. The Examiner may submit for the Federal Air Surgeon's review requests for special issuance in cases in which these or other generally unacceptable medications are used. Specialty consultation evaluations are required in such cases and must provide information on why the specific drug is required. The Examiner's own recommendation should be included.

6. The Examiner must defer issuance of a medical certificate to any applicant whose hypertension has not been evaluated, who uses unacceptable medications, whose medical status is unclear, whose hypertension is uncontrolled, who manifests significant adverse effects of medication, or whose certification has previously been specifically reserved to the FAA. *An applicant whose blood pressure is within the standards of FAR Part 67 and who does not use antihypertensive drugs will not be considered hypertensive for purposes of certification.*

7. The certificates the Examiner issues will be valid for the normal periods prescribed for second- and third-class certificates by FAR § 61.23 (second-class — 1 year; third-class — 2 years), unless modified by FAA action under the provisions of FAR § 67.19. As with all applications for medical certification, the documentation submitted will be subject to further FAA review and consideration. Additional evaluation may be required.

8. Only the FAA may issue certificates to applicants for first-class certification using these guidelines. Such airmen will be reevaluated as outlined in paragraph 3 above at least once each year. After the initial certification decision, the FAA may

dosage, and the presence, absence, or history of adverse effects;

b. Summarize the results of this evaluation and attach the appropriate documents to a current FAA Form 8500-8.

c. Report the results of any additional tests or evaluations that have been accomplished.

d. If appropriate, state on FAA Form 8500-8 that the applicant's blood pressure is adequately controlled with acceptable medication, there are no known significant adverse effects, and no other cardiovascular, cerebrovascular, or arteriosclerotic disease is evident;

e. Defer certification if the applicant declines any of the recommended evaluations.

4. Medications acceptable to the FAA for treatment of hypertension in airmen include all diuretics, all Food and Drug Administration (FDA) approved beta-adrenergic blocking agents, labetolol, hydralazine, minoxidil, prazosin, ACE inhibitors, calcium slow channel blocking agents, and combinations thereof. Dosage levels should be the minimum to obtain optimal clinical control and should not be modified to influence the certification decision.

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7. The certificates the Examiner issues will be valid for the normal periods prescribed for second- and third-class certificates by FAR § 61.23 (second-class — 1 year; third-class — 2 years), unless modified by FAA action under the provisions of FAR § 67.19. As with all applications for medical certification, the documentation submitted will be subject to further FAA review and consideration. Additional evaluation may be required.

8. Only the FAA may issue certificates to applicants for first-class certification using these guidelines. Such airmen will be reevaluated as outlined in paragraph 3 above at least once each year. After the initial certification decision, the FAA may

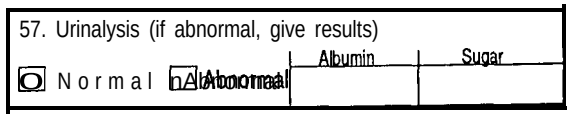
arrhythmia must be noted and reported.

III. DISPOSITION

A. If the pulse rate exceeds 100 beats per minute, if there is bradycardia or tachycardia, or if there is a significant pulse irregularity, deferral of certification is required.

B. A cardiac evaluation may be needed to determine the applicant's qualifications. Temporary stresses or fever may, at times, result in abnormal results from these tests. If the Examiner believes this to be the case, the applicant should be given a few days to recover and then be retested. If this is not possible, the Examiner should defer issuance, pending further evaluation.

ITEM 57. Urinalysis



I. FEDERAL AVIATION REGULATIONS

A. First-, Second-, and Third-Class: FAR §§ 67.13, 67.15, and 67.17(f)

*** No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control;

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

Any standard laboratory procedures are acceptable for these tests.

III. DISPOSITION

A. Glycosuria or proteinuria is cause for deferral of medical certificate issuance until additional studies determine the status of the endocrine and/or urinary systems.

B. The Examiner may request additional urinary tests when they are indicated by history or examination. These should be reported on

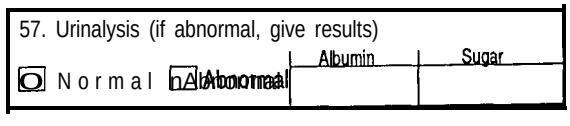
arrhythmia must be noted and reported.

III. DISPOSITION

A. If the pulse rate exceeds 100 beats per minute, if there is bradycardia or tachycardia, or if there is a significant pulse irregularity, deferral of certification is required.

B. A cardiac evaluation may be needed to determine the applicant's qualifications. Temporary stresses or fever may, at times, result in abnormal results from these tests. If the Examiner believes this to be the case, the applicant should be given a few days to recover and then be retested. If this is not possible, the Examiner should defer issuance, pending further evaluation.

ITEM 57. Urinalysis



I. FEDERAL AVIATION REGULATIONS

A. First-, Second-, and Third-Class: FAR §§ 67.13, 67.15, and 67.17(f)

*** No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control;

***No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds —

Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

II. EXAMINATION PROCEDURES

Any standard laboratory procedures are acceptable for these tests.

III. DISPOSITION

A. Glycosuria or proteinuria is cause for deferral of medical certificate issuance until additional studies determine the status of the endocrine and/or urinary systems.

B. The Examiner may request additional urinary tests when they are indicated by history or examination. These should be reported on

Examiner need not require such an applicant to undergo another ECG examination, and, if the applicant is otherwise qualified, a medical certificate may be issued. The Examiner should attach a statement to FAA Form 8500-8 to verify that a tracing has been transmitted from another source. The date of that ECG should be entered in Item 58.

4. If the applicant provides no statement and refuses to have a current ECG submitted by the Examiner, the Examiner should defer issuance of the medical certificate. When an ECG is due but is not submitted, the FAA will not affirm the applicant's eligibility for medical certification until the requested ECG has been received and interpreted as being within normal limits. Failure to respond to FAA requests for a required current ECG will result in denial of certification.

B. Currency

1. In order to meet regulatory requirements, a first-class applicant's periodic ECG must have been made within 90 days *prior to* the date of the first-class application (FAA Form 8500-8). The Aeromedical Certification Division, AAM-300, verifies currency of all periodic ECG's.

2. There is no provision for issuance of a first-class medical certificate based upon a *promise* that an ECG will be obtained at a future date. In such circumstances, the Examiner should defer issuance and mail the completed FM Form 8500-8 to the Aeromedical Certification Division, AAM-300.

C. Interpretation

1. All ECG's required to establish eligibility for medical certification -whether a periodic requirement or not — are to be forwarded for interpretation to the Manager of the Aeromedical Certification Division, AAM-300. This does not preclude submission of an interpretation by or through the Examiner.

2. Interpretation is accomplished by the. staff and consultant cardiologists at the Civil Aeromedical Institute in Oklahoma City. Abnormalities are investigated to determine their significance, if any.

D. Technique and Reporting Format for Required ECG's on First-Class Applicants

The preferred method for recording, transmitting, and receiving ECG's is by telephonic transmission by the Examiner to the Aeromedical Certification Division, MM-300. Senior Examiners who perform first-class medical examinations are required to have this capability. The recording and transmission specifications vary depending on the type of system the Examiner has. The FAA Technical Support Center and system manufacturers can provide specific operating instructions for the system being used.

International Examiners who submit ECG's should use the following format for preparation and submission:

Examiner need not require such an applicant to undergo another ECG examination, and, if the applicant is otherwise qualified, a medical certificate may be issued. The Examiner should attach a statement to FAA Form 8500-8 to verify that a tracing has been transmitted from another source. The date of that ECG should be entered in Item 58.

4. If the applicant provides no statement and refuses to have a current ECG submitted by the Examiner, the Examiner should defer issuance of the medical certificate. When an ECG is due but is not submitted, the FAA will not affirm the applicant's eligibility for medical certification until the requested ECG has been received and interpreted as being within normal limits. Failure to respond to FAA requests for a required current ECG will result in denial of certification.

B. Currency

1. In order to meet regulatory requirements, a first-class applicant's periodic ECG must have been made within 90 days *prior to* the date of the first-class application (FAA Form 8500-8). The Aeromedical Certification Division, AAM-300, verifies currency of all periodic ECG's.

2. There is no provision for issuance of a first-class medical certificate based upon a *promise* that an ECG will be obtained at a future date. In such circumstances, the Examiner should defer issuance and mail the completed FM Form 8500-8 to the Aeromedical Certification Division, AAM-300.

C. Interpretation

1. All ECG's required to establish eligibility for medical certification -whether a periodic requirement or not — are to be forwarded for interpretation to the Manager of the Aeromedical Certification Division, AAM-300. This does not preclude submission of an interpretation by or through the Examiner.

2. Interpretation is accomplished by the. staff and consultant cardiologists at the Civil Aeromedical Institute in Oklahoma City. Abnormalities are investigated to determine their significance, if any.

D. Technique and Reporting Format for Required ECG's on First-Class Applicants

The preferred method for recording, transmitting, and receiving ECG's is by telephonic transmission by the Examiner to the Aeromedical Certification Division, MM-300. Senior Examiners who perform first-class medical examinations are required to have this capability. The recording and transmission specifications vary depending on the type of system the Examiner has. The FM Technical Support Center and system manufacturers can provide specific operating instructions for the system being used.

International Examiners who submit ECG's should use the following format for preparation and submission:

information or records concerning that history. If the applicant, or holder, refuses to provide the requested medical information or history or to authorize the release so requested, the Administrator may suspend, modify, or revoke any medical certificate that he holds or may, in the case of an applicant, refuse to issue a medical certificate to him.

II. EXAMINATION PROCEDURES

Additional medical information may be furnished through additional history taking, further clinical examination procedures, and supplemental laboratory procedures.

On rare occasions, even surgical procedures such as biopsies may be indicated. As a designee of the FAA Administrator, the Examiner has limited authority to apply FAR § 67.31 in processing applications for medical certification. When an Examiner determines that there is a need for additional medical information, based upon history and findings, the Examiner is authorized to request prior hospital and outpatient records and to request supplementary examinations including laboratory testing and examinations by appropriate medical specialists. The Examiner should discuss the need with the applicant. The applicant should be advised of the types of additional examinations required and the type of medical specialist to be consulted. Responsibility for ensuring that these examinations are forwarded and that any charges or fees are paid will rest with the applicant. All reports should be forwarded to the Aeromedical Certification Division, MM-300, unless otherwise directed (such as by a Regional Flight Surgeon).

Whenever, in the Examiner's opinion, medical records are necessary to evaluate an applicant's medical fitness, the Examiner should request that the applicant sign an Authorization for the Release of Medical Information (FAA Form 8500-21). (See Appendix B.) The Examiner should forward this authorization to the custodian of the applicant's records so that the information contained in the record may be obtained for attachment to the report of medical examination.

A. Applicant's Refusal

When advised by an Examiner that further examination and/or medical records are needed, the applicant may elect not to proceed. The Examiner should note this on FM Form 8500-8. No certificate should be issued, and the Examiner should forward the application form to the Aeromedical Certification Division, MM-300, even if the application is incomplete.

B. Anticipated Delay

When the Examiner anticipates a delay of more than 14 days in obtaining records or reports concerning additional examinations, the completed FM Form 8500-8 should be forwarded to the Aeromedical Certification Division,

MM-300, with a note stating that additional information will follow. No medical certificate should be issued.

C. Issuance

When the Examiner receives all the supplemental information requested and finds that the applicant fully meets all the FM medical standards for the class sought, the Examiner may issue a medical certificate.

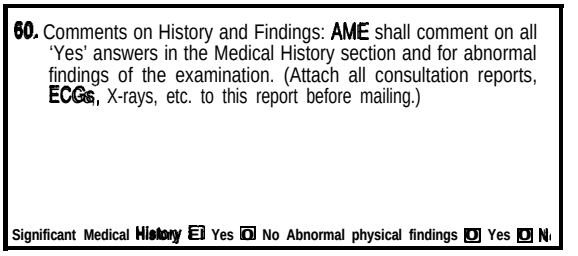
D. Deferral

If upon receipt of the information the Examiner finds there is a need for even more information or doubts the significance of the findings, certification should be deferred. The Examiner's concerns should be noted on FAA Form 8500-8 and the application forwarded to the Aeromedical Certification Division, AAM-300, for further consideration. If the applicant decides at this point to abandon the application for a medical certificate (for any class), the Examiner should also note this on FAA Form 8500-8 before mailing it to the FAA. (See Chapter 1, Item 3, Medical Certification Decision Making.)

E. Denial

When the Examiner concludes that the applicant is clearly ineligible for certification, the applicant should be denied, using FAA Form 8500-2. (See Appendix B.) Use of this form will provide the applicant with the reason for the denial and with appeal rights and procedures. (See Chapter 1, Item 3, Medical Certification Decision Making.)

ITEM 60. Comments On History And Findings


60. Comments on History and Findings: AME shall comment on all 'Yes' answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

Significant Medical History ☐ Yes ☐ No Abnormal physical findings ☐ Yes ☐ N

In addition to comments on positive historical or examination findings, this item gives the Examiner an opportunity to report observations and/or findings that are not asked for in other items on the application form. Concern about the applicant's behavior, abnormal situations arising during the conduct of tests, unusual findings, unreported history, and other information thought germane to aviation safety should be reported under Item 60 or on a separate sheet of paper.

If possible, all ancillary reports such as consultations, ECG's, X-ray release forms, and hospital or other treatment records should be attached. If the delay for those items would exceed 14 days, the Examiner should forward all available data to the Aeromedical Certification Division, MM-300, with a note specifying what additional information is being prepared for submission at a later date.

If there are no significant medical history items or abnormal physical findings, the Examiner should indicate this by checking the appropriate block.

MM-300, with a note stating that additional information will follow. No medical certificate should be issued.

C. Issuance

When the Examiner receives all the supplemental information requested and finds that the applicant fully meets all the FM medical standards for the class sought, the Examiner may issue a medical certificate.

D. Deferral

If upon receipt of the information the Examiner finds there is a need for even more information or doubts the significance of the findings, certification should be deferred. The Examiner's concerns should be noted on FAA Form 8500-8 and the application forwarded to the Aeromedical Certification Division, AAM-300, for further consideration. If the applicant decides at this point to abandon the application for a medical certificate (for any class), the Examiner should also note this on FAA Form 8500-8 before mailing it to the FAA. (See Chapter 1, Item 3, Medical Certification Decision Making.)

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When the Examiner concludes that the applicant is clearly ineligible for certification, the applicant should be denied, using FAA Form 8500-2. (See Appendix B.) Use of this form will provide the applicant with the reason for the denial and with appeal rights and procedures. (See Chapter 1, Item 3, Medical Certification Decision Making.)

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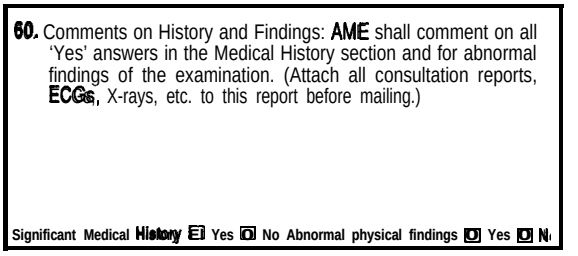
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Significant Medical History ☐ Yes ☐ No Abnormal physical findings ☐ Yes ☐ N

In addition to comments on positive historical or examination findings, this item gives the Examiner an opportunity to report observations and/or findings that are not asked for in other items on the application form. Concern about the applicant's behavior, abnormal situations arising during the conduct of tests, unusual findings, unreported history, and other information thought germane to aviation safety should be reported under Item 60 or on a separate sheet of paper.

If possible, all ancillary reports such as consultations, ECG's, X-ray release forms, and hospital or other treatment records should be attached. If the delay for those items would exceed 14 days, the Examiner should forward all available data to the Aeromedical Certification Division, MM-300, with a note specifying what additional information is being prepared for submission at a later date.

If there are no significant medical history items or abnormal physical findings, the Examiner should indicate this by checking the appropriate block.

ITEM 64. Medical Examiner's Declaration

64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.		
Date of Examination MM DD YY	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
	Street Address	
	City	AME Serial Number
	State Zip	AME Telephone ( )

Date of examination and the Examiner's name and complete address must be typed. The Examiner must personally sign the completed form. The Examiner's serial number and telephone number should be entered in the blocks provided.

The Examiner's signature authority may not be delegated to any other person, including other physicians. The FM delegates the status of Examiner to a specific individual, and this status may not be redelegated to a physician who may be covering the designee's practice.

Although the FM does not require that the Examiner sign the Examiner copy of FAA Form 8500-8, the Examiner should at least personally initial this form.

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X

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those corrective lenses while exercising the privileges of his airman certificate.

(2) Near vision of at least v≡ 1.00 at 18 inches with each eye separately, with or without corrective glasses.

(3) Normal color vision.

(4) Normal fields of vision.

(5) No acute or chronic pathological condition of either eye or adenexae that might interfere with its proper function, might progress to that degree, or might be aggravated by flying.

(6) Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably occur in performing airman duties.

Tests for the factors named in paragraph (b)(6) of this section are not required except for applicants found to have more than one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria. If these values are exceeded, the Federal Air Surgeon may require the applicant to be examined by a qualified eye specialist to determine if there is bifoveal fixation and adequate vergencephoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

(c) Ear, nose, throat, and equilibrium:

(1) Ability to-

(i) Hear the whispered voice at 2 distance of at least 20 feet with each ear separately; or

(ii) Demonstrate a hearing acuity of at least 50 percent of normal in each ear throughout the effective speech and radio range as shown by a standard audiometer.

(2) No acute or chronic disease of the middle or internal ear.

(3) No disease of the mastoid.

(4) No unhealed (unclosed) perforation of the eardrum.

(5) No disease or malformation of the nose or throat that might interfere with, or be aggravated by, flying.

(6) No disturbance in equilibrium.

(d) Mental and neurologic-(1) *Mental.* (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, *alcoholism* means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) Drug dependence. As used in this section, *drug dependence* means 2 condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds-

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) Neurologic. (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds-

those corrective lenses while exercising the privileges of his airman certificate.

(2) Near vision of at least v≡ 1.00 at 18 inches with each eye separately, with or without corrective glasses.

(3) Normal color vision.

(4) Norm21 fields of vision.

(5) No acute or chronic pathological condition of either eye or adenexae that might interfere with its proper function, might progress to that degree, or might be aggravated by flying.

(6) Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably occur in performing airman duties.

Tests for the factors named in paragraph (b)(6) of this section are not required except for applicants found to have more than one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria. If these values are exceeded, the Federal Air Surgeon may require the applicant to be examined by a qualified eye specialist to determine if there is bifoveal fixation and adequate vergencephoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

(c) Ear, nose, throat, and equilibrium:

(1) Ability to-

(i) Hear the whispered voice at 2 distance of at least 20 feet with each ear separately; or

(ii) Demonstrate a hearing acuity of at least 50 percent of norm21 in each ear throughout the effective speech and radio range as shown by a standard audiometer.

(2) No acute or chronic disease of the middle or internal ear.

(3) No disease of the mastoid.

(4) No unhealed (unclosed) perforation of the eardrum.

(5) No disease or malformation of the nose or throat that might interfere with, or be aggravated by, flying.

(6) No disturbance in equilibrium.

(d) ***Mental and neurologic.*** (1) ***Mental.*** (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, ***alcoholism*** means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) Drug dependence. As used in this section, ***drug dependence*** means 2 condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds-

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) Neurologic. (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds-

es or contact lenses), in which case the applicant may be qualified only on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

(2) Enough accommodation to pass a test prescribed by the Administrator based primarily on ability to read official aeronautical maps.

(3) Normal fields of vision.

(4) No pathology of the eye.

(5) Ability to distinguish aviation signal red, aviation signal green, and white.

(6) Bifoveal fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably occur in performing airman duties.

Tests for the factors named in paragraph (b)(6) of this section are not required except for applicants found to have more than one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria. If these values are exceeded, the Federal Air Surgeon may require the applicant to be examined by a qualified eye specialist to determine if there is bifoveal fixation and adequate vergencephoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

(c) Ear, nose, throat, and equilibrium:

(1) Ability to hear the whispered voice at 8 feet with each ear separately.

(2) No acute or chronic disease of the middle or internal ear.

(3) No disease of the mastoid.

(4) No unhealed (unclosed) perforation of the eardrum.

(5) No disease or malformation of the nose or throat that might interfere with or be aggravated by, flying.

(6) No disturbance in equilibrium.

(d) ***Mental and neurologic.*** (1) ***Mental.*** (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, ***alcoholism*** means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) Drug dependence. As used in this section, ***drug dependence*** means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds-

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges:

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) *Neurologic.* (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds-

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges:

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(e) Cardiovascular. (1) No established medical history or clinical diagnosis of-

(i) Myocardial infarction;

(ii) Angina pectoris; or

(iii) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.

(f) *General medical condition:*

(1) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(2) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds-

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(ii) May reasonably be expected, within two years after the finding to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(g) An applicant who does not meet the provisions of paragraphs (b) through (f) of this section may apply for the discretionary issuance of a certificate under § 67.19.

(Secs. 313(a), 601, and 602, Federal Aviation Act of 1958, as amended (49 U.S.C. 1354(a), 1421, and 1422); sec. 6(c), Department of Transportation Act (49 U.S.C. 1655(c)))

[Doc. No. 11'79, 27 FR 7980. Aug. 10, 1962, as amended by Amdt. 67-9, 37 FR 4071. Feb. 26, 1972; Amdt. 67-10. 41 FR 46433, Oct. 21, 1976; Amdt. 67-11. 47 FR 16308, Apr. 15. 19821

§ 67.17 Third-class medical certificate.

(a) To be eligible for a third-class medical certificate, an applicant must meet the requirements of paragraphs (b) through (f) of this section.

(b) Eye:

(1) Distant visual acuity of 20/50 or better in each eye separately, without correction; or if the vision in either or both eyes is poorer than 20/50 and is corrected to 20/30 or better in each eye with corrective lenses (glasses or contact lenses), the applicant may be qualified on the condition that he wears those corrective lenses while exercising the priviledges of his airman certificate.

(2) No serious pathology of the eye.

(3) Ability to distinguish aviation signal red, aviation signal green, and white.

(c) Ears, nose, throat, and equilibrium:

(1) Ability to hear the whispered voice at 3 feet.

(2) No acute or chronic disease of the internal ear.

(3) No disease or malformation of the nose or throat that might interfere with, or be aggravated by, flying.

(4) No disturbance in equilibrium.

(d) *Mental and neurologic.* (1) *Mental.* (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, *alcoholism* means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence.* As used in this section, *drug dependence* means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds-

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(e) Cardiovascular. (1) No established medical history or clinical diagnosis of-

(i) Myocardial infarction;

(ii) Angina pectoris; or

(iii) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.

(f) *General medical condition:*

(1) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(2) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds-

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(ii) May reasonably be expected, within two years after the finding to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(g) An applicant who does not meet the provisions of paragraphs (b) through (f) of this section may apply for the discretionary issuance of a certificate under § 67.19.

(Secs. 313(a), 601, and 602, Federal Aviation Act of 1958, as amended (49 U.S.C. 1354(a), 1421, and 1422); sec. 6(c), Department of Transportation Act (49 U.S.C. 1655(c)))

[Doc. No. 1179, 27 FR 7980, Aug. 10, 1962, as amended by Amdt. 67-9, 37 FR 4071, Feb. 26, 1972; Amdt. 67-10, 41 FR 46433, Oct. 21, 1976; Amdt. 67-11, 47 FR 16308, Apr. 15, 1982]

§ 67.17 Third-class medical certificate.

(a) To be eligible for a third-class medical certificate, an applicant must meet the requirements of paragraphs (b) through (f) of this section.

(b) Eye:

(1) Distant visual acuity of 20/50 or better in each eye separately, without correction; or if the vision in either or both eyes is poorer than 20/50 and is corrected to 20/30 or better in each eye with corrective lenses (glasses or contact lenses), the applicant may be qualified on the condition that he wears those corrective lenses while exercising the priviledges of his airman certificate.

(2) No serious pathology of the eye.

(3) Ability to distinguish aviation signal red, aviation signal green, and white.

(c) Ears, nose, throat, and equilibrium:

(1) Ability to hear the whispered voice at 3 feet.

(2) No acute or chronic disease of the internal ear.

(3) No disease or malformation of the nose or throat that might interfere with, or be aggravated by, flying.

(4) No disturbance in equilibrium.

(d) *Mental and neurologic.* (1) *Mental.* (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, *alcoholism* means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence.* As used in this section, *drug dependence* means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds-

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

ing the privileges of a private pilot certificate, to accept reasonable risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport privileges, and, at the same time, considers the need to protect the public safety of persons and property in other aircraft and on the ground.

(d) In issuing a medical certificate under this section, the Federal Air Surgeon may do any or all of the following:

(1) Limit the duration of the certificate.

(2) Condition the continued effedt of the certificate on the results of subsequent medical tests, examinations, or evaluations.

(3) Impose any operational limitation on the certificate needed for safety.

(4) Condition the continued effect of a second- or third-class medical certificate on compliance with a statement of functional limitations issued to the applicant in coordination with the Director, Flight Standards Service or the Director's designee.

(e) An applicant who has been issued a medical certificate under this section based on a special medical flight or practical test need not take the test again during later physical examinations unless the Federal Air Surgeon determines that the physical deficiency has become enough more pronounced to require another special medical flight or practical test.

(f) The authority of the Federal Air Surgeon under this section is also exercised by the Manager, Aeromedical Certification Branch, Civil Aeromedical Institute, and each Regional Flight Surgeon.

(Secs. 313(a), 601, and 602, Federal Aviation Act of 1958. as amended (49 U.S.C. 1354(a), 1421, and 1422); sec. 6(c), Department of Transportation Act (49 U.S.C. 1655(c)))

[Amdt. 67-11, 47 FR 16308, Apr. 15. 1982, as amended by Amdt. 67-13. 54 FR 39292, Sept. 25, 1989; 54 FR 52872, Dec. 22, 19891

867.20 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, or alteration.

(a) No person may make or cause to be made—

(1) Any fraudulent or intentionally false statement on any application for a medical certificate under this part;

(2) Any fraudulent or intentionally false entry in any logbook, record, or report that is required to be kept, made, or used, to show compliance with any requirement for any medical certificate under this part;

(3) Any reproduction, for fraudulent purpose, of any medical certificate under this part;

(4) Any alteration of any medical certificate under this part.

(b) The commission by any person of an act prohibited under paragraph (a) of this section is a basis for suspending or revoking any airman, ground instructor, or medical certificate or rating held by that person.

[Amdt. 67-l. 30 FR 2197. Feb. 18. 19651

Subpart B-Certification Procedures

§ 67.21 Applicability.

This subpart prescribes the general procedures that apply to the issue of medical certificates for airmen.

§ 67.23 Medical examinations: Who may give.

(a) *First* class. Any aviation medical examiner who is specifically designated for the purpose may give the examination for the first class certificate. Any interested person may obtain a list of these aviation medical examiners, in any area, from the FAA Regional Administrator of the region in which the areas is located.

(b) *Second class and third class. Any* aviation medical examiner may give the examination for the second or third class certificate. Any interested person may obtain a list of aviation medical examiners, in any area, from the FAA Regional Administrator of the region in which the area is located.

[Doc. No. 1179, 27 FR 7980, Aug. 10, 1962, as mended by Amdt. 67-8, 35 FR 14075, Sept. 4, 19'70; Amdt. 67-13, 54 FR 39292, Sept. 25. 19891

9 67.25 Delegation **of authority.**

(a) The authority of the Administrator, under section 602 of the Federal Aviation Act of 1958 (49 U.S.C. 1422),

to issue or deny medical certificates is delegated to the Federal Air Surgeon, to the extent necessary to—

(1) Examine applicants for and holders of medical certificates for compliance with applicable medical standards; and

(2) Issue, renew, or deny medical certificates to applicants and holders based upon compliance or noncompliance with applicable medical standards.

Subject to limitations in this chapter, the authority delegated in paragraphs (a)(1) and (2) of this section is also delegated to aviation medical examiners and to authorized representatives of the Federal Air Surgeon within the FAA,

(b) The authority of the Administrator. under subsection 314(b) of the Federal Aviation Act of 1958 (49 U.S.C. 1355(b)), to reconsider the action of an aviation medical examiner is delegated to the Federal Air Surgeon. the Chief, Aeromedical Certification Division, and each Regional Flight Surgeon. Where the applicant does not meet the standards of § 67.13(d)(1)(ii), (d)(2)(ii), or (f)(2), § 67.15(d)(1)(ii), (d)(2)(ii), or (f)(2), or § 67.17(d)(1)(ii), (d)(2)(ii), or (f)(2), any action taken under this paragraph other than by the Federal Air Surgeon is subject to reconsideration by the Federal Air Surgeon. A certificate issued by an aviation medical examiner is considered to be affirmed as issued unless an FAA official named in this paragraph on his own initiative reverses that issuance within 60 days after the date of issuance. However, if within 60 days after the date of issuance that official requests the certificate holder to submit additional medical information, he may on his own initiative reverse the issuance within 60 days after he receives the requested information.

(c) The authority of the Administrator, under section 609 of the Federal Aviation Act of 1958 (49 U.S.C. 1429), to re-examine any civil airman, to the extent necessary to determine an airman's qualification to continue to hold an airman medical certificate, is delegated to the Federal Air Surgeon and his authorized representatives within the FAA.

(Sec. 303, 72 Stat. 747. 49 U.S.C. 1344: sec. 602, '72 Stat. 776, 49 U.S.C. 1422; secs. 313(a), 601, and 602, Federal Aviation Act of 1958, as amended (49 U.S.C. 1354(a), 1421, and 1422); sec. 6(c), Department of Transportation Act (49 U.S.C. 1655(c)))

[Doc. No. 11'79, 27 FR 7980. Aug. 10, 1962, as amended by Amdt. 67-5, 31 FR 8356. June 15, 1966; Amdt. 67-7. 34 FR 248, Jan. 8, 1969; 34 FR 550, Jan. 15. 1969; Amdt. 67-9, 37 FR 4072, Feb. 26, 1972; Amdt. 67-11. 47 FR 16309. Apr. 15, 1982; Amdt. 67-13. 54 FR 39292, Sept. 25. 19891

§ 67.27 Denial of medical certificate.

(a) Any person who is denied a medical certificate by an aviation medical examiner may, within 30 days after the date of the denial, apply in writing and in duplicate to the Federal Air Surgeon, Attention: Manager, Aeromedical Certification Division, Federal Aviation Administration, Post Office BOX 25082, Oklahoma City, OK 73125, for reconsideration of that denial. If he does not apply for reconsideration during the 30-day period after the date of the denial, he is considered to have withdrawn his application for a medical certificate.

(b) The denial of a medical certificate—

(1) By an aviation medical examiner is not a denial by the Administrator under section 602 Of the Federal Aviation Act of 1958 (49 U.S.C. 1422);

(2) By the Federal Air Surgeon is considered to be a denial by the Administrator under that section Of the Act; and

(3) By the Manager, Aeromedical Certification Division, AAM-300, or a Regional Flight Surgeon is considered to be a denial by the Administrator under the Act except where the applicant does not meet the standards of § 67.13(d)(1)(ii), (d)(2)(ii), or (f)(2), § 67.15(d)(1)(ii), (d)(2)(ii), or (f)(2), or § 67.17(d)(1)(ii), (d)(2)(ii), or (f)(2).

(c) Any action taken under § 67.25(b) that wholly or partly reverses the issue of a medical certificate by an

aviation medical examiner is the denial of a medical certificate under paragraph (b) of this section.

(d) If the issue of a medical certificate is wholly or partly reversed upon reconsideration by the Federal Air Surgeon, the Manager, Aeromedical Certification Division, AAM-300, or a Regional Flight Surgeon, the person holding that certificate shall surrender it, upon request of the FAA.

(Secs. 313(a), 601, and 602, Federal Aviation Act of 1958, as amended (49 U.S.C. 1354(a), 1421, and 1422); sec. 6(c), Department of Transportation Act (49 U.S.C. 1655(c)))

[Doc. No. 7077, Amdt. 67-5, 31 FR 8357, June 15, 1966, as amended by Doc. No. 8084, 32 FR 5769, Apr. 11, 1967; Amdt. 67-9, 37 FR 40'72, Feb. 26, 1972; Amdt. 67-11, 47 FR 16309, Apr. 15, 1982; Amdt. 67-13, 54 FR 39292, Sept. 25, 19891

§ 67.29 Medical certificates by senior flight surgeons of armed forces.

(a) The FAA has designated senior flight surgeons of the armed forces on specified military posts, stations, and facilities, as aviation medical examiners.

(b) An aviation medical examiner described in paragraph (a) of this section may give physical examinations to applicants for FAA medical certificates who are on active duty or who are, under Department of Defense medical programs, eligible for FAA medical certification as civil airmen. In addition, such an examiner may issue or deny an appropriate FAA medical certificate in accordance with the regulations of this chapter and the policies of the FAA.

(c) Any interested person may obtain a list of the military posts, stations, and facilities at which a senior flight surgeon has been designated as an aviation medical examiner, from the Surgeon General of the armed force concerned or from the Manager, Aeromedical Certification Division, AAM-300, Department of Transportation, Federal Aviation Administration, Civil Aeromedical Institute, Post Office BOX 25082, Oklahoma City, OK 73125.

[Doc. No. 1179, 27 FR 7980, Aug. 10, 1962, as amended by Doc. No. 8084, 32 FR 5769, Apr. 11, 1967; Amdt. 67-8, 35 FR 14076, Sept. 4, 1970; Amdt. 67-13, 54 FR 39292, Sept. 25, 10001 1989]

967.31 Medical records.

Whenever the Administrator finds that additional medical information Or history is necessary to determine whether an applicant for or the holder of a medical certificate meets the medical standards for it, he requests that person to furnish that information or authorize any clinic, hospital, doctor, or other person to release to the Administrator any aveilable information or records concerning that history. If the applicant, or holder, refuses to provide the requested medical information or history or to authorize the release so requested, the Administrator may suspend, modify, or revoke any medical certificate that he holds or may, in the case of an applicant, refuse to issue a medical certificate to him.

(Secs. 303(d), 313(a), 314(b), 601, 602, 609, Federal Aviation Act of 1958 (49 U.S.C. 1344, 1354, 1355(b), 1421, 1422, 1429))

[Amdt. 67-5, 31 FR 8357, June 15, 19661

ONLY USED BY INTERNATIONAL AMES WHEN SUBMITTING HARD-COPY ECG'S; ALL OTHERS ARE ELECTRONICALLY TRANSMITTED

☆ GPO : 1978 O - 277-077

Guide for length of leads AVR, AVL, AVF, V1 through V6

Guide for length of leads I, II, and III

INSTRUCTIONS FOR PREPARATION AND SUBMITTAL OF ELECTROCARDIOGRAM

1. Submit only original ECG tracings. Photostats are not acceptable.
2. ECG must be taken within 90 days prior to FAA physical examination.
3. Chest electrode placement as follows:
   V-1-At the 4th right interspace at the sternal border.
   V-2-At the 4th left interspace at the sternal border.
   V-3-Halfway between leads V-2 and V-4.
   V-4-At the 5th left interspace on the midclavicular line.
   V-5-Halfway between V-4 and V-6.
   V-6-On a line dropped perpendicularly from V-4 to the midaxillary line.
4. Show standardization on leads I and V-1.
5. Cut leads I, II, and III six inches long; leads AVR, AVL, AVF, and all V leads two inches long. (Guide provided above for measurements.)
6. Arrange leads in the order shown in line 3 above; mark lead number in upper left hand corner on the front of each segment.
7. Print applicant's name on the FRONT of the lead I portion of tracing.
8. Staple all tracings to identification card below at point indicated; tear off identification card along perforation; attach to Form FAA-8500-8, and mail to:

FEDERAL AVIATION ADMINISTRATION
Aeromedical Certification Division, AAM-300
P.O. Box 26080
Oklahoma City, OK 731255063

TYPE OR PRINT ALL IDENTIFYING INFORMATION REQUIRED BELOW

PILOT'S NAME (Last, First, Middle)		PILOT'S CERTIFICATE NO	DATE OF BIRTH
MEDICAL EXAM CLASS-	DATE OF ECG	EXAMINER'S NAME AND SERIAL NO	
FAA USE ONLY MED. ID NO			

STAPLE HERE

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

ELECTROCARDIOGRAM

FAA Form 8065-1 (6-67)
Supersedes previous edition

ONLY USED BY INTERNATIONAL AMES WHEN SUBMITTING HARD-COPY ECG'S; ALL OTHERS ARE ELECTRONICALLY TRANSMITTED

☆ GPO : 1978 O - 277-077

Guide for length of leads AVR, AVL, AVF, V1 through V6

Guide for length of leads I, II, and III

INSTRUCTIONS FOR PREPARATION AND SUBMITTAL OF ELECTROCARDIOGRAM

1. Submit only original ECG tracings. Photostats are not acceptable.
2. ECG must be taken within 90 days prior to FAA physical examination.
3. Chest electrode placement as follows:
   V-1-At the 4th right interspace at the sternal border.
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   V-3-Halfway between leads V-2 and V-4.
   V-4-At the 5th left interspace on the midclavicular line.
   V-5-Halfway between V-4 and V-6.
   V-6-On a line dropped perpendicularly from V-4 to the midaxillary line.
4. Show standardization on leads I and V-1.
5. Cut leads I, II, and III six inches long; leads AVR, AVL, AVF, and all V leads two inches long. (Guide provided above for measurements.)
6. Arrange leads in the order shown in line 3 above; mark lead number in upper left hand corner on the front of each segment.
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8. Staple all tracings to identification card below at point indicated; tear off identification card along perforation; attach to Form FAA-8500-8, and mail to:

FEDERAL AVIATION ADMINISTRATION
Aeromedical Certification Division, AAM-300
P.O. Box 26080
Oklahoma City, OK 731255063

TYPE OR PRINT ALL IDENTIFYING INFORMATION REQUIRED BELOW

PILOT'S NAME (Last, First, Middle)		PILOT'S CERTIFICATE NO	DATE OF BIRTH
MEDICAL EXAM CLASS-	DATE OF ECG	EXAMINER'S NAME AND SERIAL NO	
FAA USE ONLY MED. ID NO			

STAPLE HERE

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

ELECTROCARDIOGRAM

FAA Form 8065-1 (6-67)
Supersedes previous edition

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

NEAR VISION ACUITY

SLOAN LETTERS

This chart should be held 16 inches (40cm) from the eyes, at right angles to the line of vision, and illuminated with not less than 10 or more than 25 foot candles of light.

LINEAR SNELLEN SCALE

20/20

20/25

20/30

20/40

20/50

20/60

20/80

20/100

20/200

H N Z C O S R V D K R C O S N
K V C H D N H R V Z N K R V D

S O C Z N H R V D K N Z C O

R N H S O K D C Z V O S

D O N V R C K

AERONAUTICAL CHART READING

Low Altitude Federal Airways are indicated by center line

LF/MF VOR (Enroute) V 3 092 (Alternate) V 3 E

Federally operated control tower Non Federal control towel Other Airport (no traffic area. no airport advisory service on FSS)

Q DAYTON 257.8 Q MARTINSBURG NF SE 129.5 236.6

Aerodrome name may be omitted when some as nearest town name. 1750 36U

2150

Obstruction, A. UC Rotating light (on top of high structure)

LOS ANGELES APPROACH CONTROL	LOS ANGELES RADIO	HAWTHORNE TOWER
225°-044° Sector 124.5 381.6 045°-224° Sector 124.9 269.0 113.6	113.6 LAX 126.2 Chan 83 122.2 123.6 126 7 255.4	121.1 385.5 Operates 0700 2300 GROUND CONTROL 121.9

FAA Form 8500-1 (4-68) SUPERSEDES FAA Form 2917 ☆ U.S. GPO: 1984-777-064/2

U.S. Department
of Transportation

**Federal Aviation
Administration**

Mike Monroney
Aeronautical Center

P.O. Box 26080
Oklahoma City, Oklahoma 73126

General Denial

Consideration of your application for airman medical certification and report of medical examination completed on _____, discloses that you do not meet the medical standards as prescribed in Sections 67.13, 67.15, 67.17 _____ of the Federal Aviation Regulations due to your _____

_____

Therefore, pursuant to the authority delegated to me by the Administrator of the Federal Aviation Administration, your application for issuance of an airman medical certificate is hereby denied.

This denial does not constitute an action of the Administrator under Section 602 of the Federal Aviation Act and is subject to reconsideration by the Federal Air Surgeon of the Federal Aviation Administration. A request for such reconsideration may be made pursuant to Section 67.27 of the Federal Aviation Regulations by submitting a written request in duplicate to the Federal Air Surgeon; Attn: Manager, Aeromedical Certification Division, AAM-300; P.O. Box 26080; Oklahoma City, Oklahoma 73126-5063. In the event no application for reconsideration is made within 30 days of this action, you will be deemed to have acquiesced in the denial and to have withdrawn your application for a medical certificate.

You are advised that it is unlawful under the Federal Aviation Regulations for you to exercise airman privileges unless you hold an appropriate medical certificate. Further; it is unlawful for the holder of a medical certificate to exercise such privileges if he/she has a known medical history or condition which makes him/her unable-to meet the physical requirements for the certificate.

Sincerely,

FAA Form 8500-2 (7-91)

Form Approved Budget Bureau No. 04-R0163

U.S. DEPARTMENT OF TRANSPORTATION -FEDERAL AVIATION ADMINISTRATION

REPORT OF EYE EVALUATION

1. DATE

2A. NAME OF AIRMAN | 2B. DATE OF BIRTH | 2C. SEX

3. ADDRESS OF AIRMAN

4. HISTORY-Record pertinent history, past and present, concerning general health and visual problems.

5. HETEROPHORIA-Record phorias, in prism diopters, with and without best lens correction in place (Use Maddox Rod).

	(1) AT 20 FEET			(2) AT 18 INCHES		
A. WITHOUT CORRECTION	EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.
B. WITH CORRECTION (If ● ■ ❖ ◑)	(1) AT 20 FEET			(2) AT 18 INCHES		
	EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.

6. FUSION -Estimate fusion ability and state methods used in examination. (Red lens, etc.)

7. PUPILS-Statement of relative size and reaction of the pupils to accomodation and light, direct and consensual.

8. VISUAL FIELDS-Record results and type of test performed (Attach field charts, if used)

9. OPHTHALMOSCOPIC-D● scribe any variations from normal in either eye on funduscopic examination.

10. SLIT LAMP-Record results of slit lamp ● xomina)ion of each eye where indicated.

11. INTRAOCULAR PRESSURE-Record results and method used.

A. METHOD USED	O.D.	O.S.

12. VISUAL ACUITY (Snellen linear values)

	TEST METHOD	UNCORRECTED			LENSES USED	CORRECTED VISUAL ACUITY		
		OD	OS	OU		OD	OS	OU
A. NEAR VISION					CONTACT LENSES ONLY			
					GLASSES ONLY			
					GLASSES WITH CONTACTS			

NOTE- If contact lenses are used, corrected near visual acuity should be determined while these lenses are worn. Indicate if the contact lenses used (if any) were bifocal:

	TEST METHOD	UNCORRECTED			LENSES USED	CORRECTED VISUAL ACUITY		
		OD	OS	OU		OD	OS	OU
B. DISTANT VISION					CONTACT LENSES			
					GLASSES			

NOTE • If contact lenses are used, record after four to six hours wear and then with glasses immediately after removalof contacts If visual acuity is not the same as for contact lenses, indicate length of time (within reason) before vision returns to best obtainable with glasses.

C. KERATOMETER READINGS	IF CONTACT LENSES ARE WORN		BEFORE CONTACT LENSES WERE FITTED (If available)	
	O.D.	O.S.	O.D.	O.S.

FAA Form 8500-7 (2-75) SUPERSEDES PREVIOUS EDITION

Form Approved Budget Bureau No. 04-R0163

U.S. DEPARTMENT OF TRANSPORTATION -FEDERAL AVIATION ADMINISTRATION

REPORT OF EYE EVALUATION

1. DATE

2A. NAME OF AIRMAN | 2B. DATE OF BIRTH | 2C. SEX

3. ADDRESS OF AIRMAN

4. HISTORY-Record pertinent history, past and present, concerning general health and visual problems.

5. HETEROPHORIA-Record phorias, in prism diopters, with and without best lens correction in place (Use Maddox Rod).

	(1) AT 20 FEET			(2) AT 18 INCHES		
A. WITHOUT CORRECTION	EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.
B. WITH CORRECTION (If ● ■ ❖ ◑)	(1) AT 20 FEET			(2) AT 18 INCHES		
	EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.

6. FUSION -Estimate fusion ability and state methods used in examination. (Red lens, etc.)

7. PUPILS-Statement of relative size and reaction of the pupils to occomodation and light, direct and consensual.

8. VISUAL FIELDS-Record results and type of test performed (Attach field charts, if used)

9. OPHTHALMOSCOPIC-Describe any variations from normal in either eye on funduscopic examination.

10. SLIT LAMP-Record results of slit lamp examination of each eye where indicated.

11. INTRAOCULAR PRESSURE-Record results and method used.

A. METHOD USED	O.D.	O.S.

12. VISUAL ACUITY (Snellen linear values)

	TEST METHOD	UNCORRECTED			LENSES USED	CORRECTED VISUAL ACUITY		
		OD	OS	OU		OD	OS	OU
A. NEAR VISION					CONTACT LENSES ONLY			
					GLASSES ONLY			
					GLASSES WITH CONTACTS			

NOTE- If contact lenses are used, corrected near visual acuity should be determined while these lenses are worn. Indicate if the contact lenses used (if any) were bifocal:

	TEST METHOD	UNCORRECTED			LENSES USED	CORRECTED VISUAL ACUITY		
		OD	OS	OU		OD	OS	OU
B. DISTANT VISION					CONTACT LENSES			
					GLASSES			

NOTE • If contact lenses are used, record after four to six hours wear and then with glasses immediately after removalof contacts If visual acuity is not the same as for contact lenses, indicate length of time (within reason) before vision returns to best obtainable with glasses.

C. KERATOMETER READINGS	IF CONTACT LENSES ARE WORN		BEFORE CONTACT LENSES WERE FITTED (If available)	
	O.D.	O.S.	O.D.	O.S.

FAA Form 8500-7 (2-76) SUPERSEDES PREVIOUS EDITION

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 Medical/Student Pilot Certificate) Issued.

DD- 0266651

MEDICAL CERTIFICATE _____ CLASS
AND STUDENT PILOT CERTIFICATE

This certifies that *(Full name and address)*:

VOID

Date of Birth	Ht.	Wt.	Hair	Eyes	Sex

has met the medical standards prescribed in Part 67, Aviation Regulations for this class of Medical Certificate.

Limitations

VOID

Date of Examination | Examiner's Serial No.

Examiner Signature

Typed Name

AIRMAN'S SIGNATURE

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☐ 3rd

3. Last Name **First Name** **Middle Name**

4. Social Security Number – –

5. Address Telephone Number

Number/Street ( )

Zip Code

City State/Country

6. Date of Birth MM DD YY	7. Color of Hair	8. Color of Eyes	9. Sex

10. Type of Airman Certificate(s) Held:

☐ None ☐ ATC Specialist ☐ Flight Instructor ☒ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation **12. Employer**

13. Has your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☐ No If yes, give date MM YY

Total Pilot Time (Civilian only)
14. To Date **15. Past 6 months**

16. Date of Last FAA Medical Application MM YY ☐ No Prior Application

17. Do You Currently Use Any Medication (Prescription or Nonprescription)? ☐ Yes ☐ No If yes, give name, purpose, dosage, and frequency.

18. MEDICAL HISTORY — Have you ever had or have you now any of the following? Answer "yes" for every condition you have ever had in your life. In the EXPLANATION box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a prior application for an airman medical certificate and there has been no change in your condition. **See Instructions Page**

	Yes	No	Condition		Yes	No	Condition		Yes	No	Condition		Yes	No	Condition
a.	☐	☐	Frequent or severe headaches	g.	☐	☐	Heart or vascular trouble	m.	☐	☐	Mental disorders of any sort; depression, anxiety, etc.	r.	☐	☐	Military medical discharge
b.	☐	☐	Dizziness or fainting spell	h.	☐	☐	High or low blood pressure	n.	☐	☐	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 5 years.	s.	☐	☐	Medical rejection by military service
c.	☐	☐	Unconsciousness for any reason	i.	☐	☐	Stomach, liver, or intestinal trouble					t.	☐	☐	Rejection for life or health insurance
d.	☐	☐	Eye or vision trouble except glasses	j.	☐	☐	Kidney stone or blood in urine	o.	☐	☐	Alcohol dependence or abuse	u.	☐	☐	Admission to hospital
e.	☐	☐	Hay fever or allergy	k.	☐	☐	Diabetes	p.	☐	☐	Suicide attempt				*See v. & w. Below*
f.	☐	☐	Asthma or lung disease	l.	☐	☐	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q.	☐	☐	Motion sickness requiring medication	x.	☐	☐	Other illness, disability, or surgery

Conviction and/or Administrative Action History-See Instructions Page

Yes	No		Yes	No	
☐	☐	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	☐	☐	History of nontraffic conviction(s) (misdemeanors or felonies).

EXPLANATIONS: See Instructions Page

For FAA Use Review Action Codes

19. Visits to Health Professional Within Last 3 Years ☐ Yes (explain below) ☐ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

– NOTICE –

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250,000 or imprisoned not more than 5 years, or both, **(18 US. Code Sec. 1001; 3571).**

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. **Authority: 23** U.S. Code 401, Note.

NOTE: **All persons using this form must sign R. NDR consent, however, does not apply unless this fon is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date MM DD YY

FAA FORM 8500-8 (2-92) Supersedes Previous Edition **OMB Approval No. 2120-0034**

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 Medical/Student Pilot Certificate) Issued. DD- 0266651

MEDICAL CERTIFICATE _____ CLASS
AND STUDENT PILOT CERTIFICATE

This certifies that *(Full name and address)*:

VOID

Date of Birth	Ht.	Wt.	Hair	Eyes	Sex

has met the medical standards prescribed in Part 67, Aviation Regulations for this class of Medical Certificate.

Limitations

VOID

Date of Examination | Examiner's Serial No.

Examiner Signature

Typed Name

AIRMAN'S SIGNATURE

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☐ 3rd

3. Last Name **First Name** **Middle Name**

4. Social Security Number – –

5. Address Telephone Number

Number/Street ( )

Zip Code

City State/Country

6. Date of Birth MM DD YY

7. Color of Hair

8. Color of Eyes

9. Sex

10. Type of Airman Certificate(s) Held:

☐ None ☐ ATC Specialist ☐ Flight Instructor ☒ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation

12. Employer

13. Has your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☐ No If yes, give date MM YY

Total Pilot Time (Civilian only)
14. To Date **15. Past 6 months**

16. Date of Last FAA Medical Application MM YY ☐ No Prior Application

17. Do You Currently Use Any Medication (Prescription or Nonprescription)? ☐ Yes ☐ No If yes, give name, purpose, dosage, and frequency.

18. MEDICAL HISTORY — Have you ever had or have you now any of the following? Answer "yes" for every condition you have ever had in your life. In the EXPLANATION box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a prior application for an airman medical certificate and there has been no change in your condition. **See Instructions Page**

	Yes	No	Condition		Yes	No	Condition		Yes	No	Condition		Yes	No	Condition
a.	☐	☐	Frequent or severe headaches	g.	☐	☐	Heart or vascular trouble	m.	☐	☐	Mental disorders of any sort; depression, anxiety, etc.	r.	☐	☐	Military medical discharge
b.	☐	☐	Dizziness or fainting spell	h.	☐	☐	High or low blood pressure	n.	☐	☐	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 5 years.	s.	☐	☐	Medical rejection by military service
c.	☐	☐	Unconsciousness for any reason	i.	☐	☐	Stomach, liver, or intestinal trouble					t.	☐	☐	Rejection for life or health insurance
d.	☐	☐	Eye or vision trouble except glasses	j.	☐	☐	Kidney stone or blood in urine	o.	☐	☐	Alcohol dependence or abuse	u.	☐	☐	Admission to hospital
e.	☐	☐	Hay fever or allergy	k.	☐	☐	Diabetes	p.	☐	☐	Suicide attempt				*See v. & w. Below*
f.	☐	☐	Asthma or lung disease	l.	☐	☐	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q.	☐	☐	Motion sickness requiring medication	x.	☐	☐	Other illness, disability, or surgery

Conviction and/or Administrative Action History-See Instructions Page

Yes	No		Yes	No	
☐	☐	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	☐	☐	History of nontraffic conviction(s) (misdemeanors or felonies).

EXPLANATIONS: See Instructions Page

For FAA Use Review Action Codes

19. Visits to Health Professional Within Last 3 Years ☐ Yes (explain below) ☐ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

– NOTICE –

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, wnceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250,000 or imprisoned not more than 5 years, or both, (18 US. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: **All persons using this form must sign it. NDR consent, however, does not apply unless this fon is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Date MM DD YY

FAA FORM 8500-8 (2-92) Supersedes Previous Edition **OMB Approval No. 2120-0034**

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE _____ CLASS

This certifies that ***(Full name and address):***

VOID

Date of Birth	Height	Weight	Hair	Eyes	Sex

has met the medical standards prescribed in part [illegible], Federal Aviation Regulations for [illegible] class of medical certificate.

Limitations

VOID

Date of Examination | Examiner's Serial No.

Examiner

Signature

Typed Name

AIRMAN'S SIGNATURE

FAA Form 8500-9 (1-91) Supersedes Previous Edition

INSTRUCTIONS FOR ISSUANCE OF THIS (Medical) CERTIFICATE

1. This certificate is for issuance to applicants other than those applying for a Medical-Student Pilot Certificate.

2. Destroy these instructions and the attached Medical-Student Pilot Certificate and its instructions which are printed on yellow paper.

3. Give the applicant the instructions for completion of the medical history form and the history forms. Have the applicant complete the history form in duplicate.

4. When the application part is completed, destroy its instructions, remove the AME File Copy (last sheet in set), and record your medical findings and actions on the AME's copy. Type your findings and actions on the FAA Copy.

5. If the applicant qualifies for a certificate: (a) reassemble the FAA Copy and the AME File Copy in their original order; (b) superimpose the Medical Certificate (white) on the FAA Copy, upper left area; (c) complete the certificate by typewriter; (d) Sign the certificate in ink (both the AME and applicant must sign); and (e) issue the signed certificate to the airman.

6. BE SURE TO COMPLETE AND SIGN ITEM 64 ON THE FAA COPY.

7. Forward the typed, completed FAA Copy as follows:

For all applicants except Air Traffic Control Specialists to:

FAA AEROMEDICAL CERTIFICATION DIVISION, AAM-300
P.O. BOX 26080
OKLAHOMA CITY, OKLAHOMA 73126-5063

For Air Traffic Control Specialist applicants to:

FAA REGIONAL FLIGHT SURGEON (RFS)
(address to appropriate RFS)

8. Retain the AME File Copy.

Form Approved. Budget Bureau No. 004-R0183

US. DEPARTMENT OF TRANSPORTATION. FEDERAL AVIATION ADMINISTRATION

OPHTHALMOLOGICAL EVALUATION FOR GLAUCOMA

1. DATE		
2A. NAME OF AIRMAN	2B. DATE OF BIRTH	2C. SEX

3. ADDRESS OF AIRMAN

4. HISTORY-Record pertinent history, post and present, concerning general health and visual problems.

5. FAMILY HISTORY OF GLAUCOMA

6. DIAGNOSIS

A. TYPE *(Check one)*

☐ SIMPLE. WIDE ANGLE. OPEN ANGLE ☐ CLOSED ANGLE, NARROW ANGLE, ANGLE CLOSURE

B. DISCOVERY-e.g., routine examination, FAA physical examination, acute symptoms, reduction in visual acuity, etc.

C. CONFIRMATION-Tonomstric readings, gonioscopy, visual fields, tonography, or provocative tests. GIVE METHODS, RESULTS, AND DATE CONFIRMED.

7. SURGERY-

A. IF SURGERY HAS BEEN PERFORMED, INDICATE WHICH EYE AND TYPE OF SURGERY

B. IS SURGERY ANTICIPATED WITHIN 24 MONTHS?

☐ YES, PROBABLE ☐ NO, NOT LIKELY

8. INITIAL RESPONSE TO THERAPY-Indicate results including strength, frequency, and type of medication used at that time.

9. PRESENT TREATMENT-Indicote exact type, strength, frequency, and name of medication being used.

10. ADEQUACY OF CONTROL

A. DESCRIBE PRIOR CONTROL, INCLUDING SERIAL TONOMETRIC FINDINGS, CHANGES IN VISUAL FIELDS, ETC.

8. MAXIMUM INTRAOCULAR PRESSURES IN RELATIONSHIP TO DAILY MEDICATION *(If known)*

C. INTRAOCULAR PRESSURE

O.D.	O.S.	TEST METHOD USED	TIME SINCE LAST MEDICATION

NOTE-Pressures should NOT be taken within 2 hours after use of medication unless 10.B. is completed.

11. FIELD OF VISION-Record physiological and ony pathological peripheral or central visual field losses from a perimeter and/or tangent screen using white test object. – FORWARD CHARTS.

A. DID EXAMINEE WEAR GLASSES OR CONTACT LENSES DURING TEST? (Specify which)	B. SIZE OF TEST OBJECT USED WITH TANGENT SCREEN

12. VISUAL ACUITY-Record (Use Snellen linear values)

	TEST METHOD USED	UNCORRECTED			CORRECTED		
		O.D.	O.S.	O.U.	O.D.	O.S.	O.U.
A. DISTANT							
	TEST METHOD USED	UNCORRECTED			CORRECTED		
		O.D.	O.S.	O.U.	O.D.	O.S.	O.U.
B. NEAR							

C. IMPORTANT-If correction is needed and there is inability to correct either eye to 20/20 or better, give reasons.

13. PRESENT CORRECTION

A. DOES AIRMAN WEAR	O.D.	O.S.
	SPHERE-CYLINDER-AXIS	SPHERE-CYLINDER-AXIS
☐ GLASSES ☐ CONTACT LENSES		

14. PUPILS-Statement of relative size and reaction of the pupils to accommodation and light, with special reference to any disease process, healed or active.

15. OPHTHALMOSCOPIC-Describe cny variations from normal in either eye on funduscopic examinations, with special reference to any disease process, healed or active.

16. SLIT LAMP-Record results of slit lamp examination of each eye where indicated.

17. FUSION-Estimate fusion ability and state methods used in examination.

18A. TYPED NAME AND ADDRESS OF OPHTHALMOLOGIST	18B. SIGNATURE OF OPHTHALMOLOGIST

U.S. **Department**
of Transportation

Federal Aviation Administration

CARDIOVASCULAR EVALUAT-ION SPECIFICATIONS

These specifications have been developed by the Federal Aviation Administration (FAA) to determine an applicant's eligibility for airman medical certification. Standardization of examination methods and reporting is essential to provide sufficient basis for making this determination and the prompt processing of applications. This cardiovascular evaluation, therefore, must be reported in sufficient detail to permit a clear and objective evaluation of the cardiovascular disorder(s) with emphasis on the degree of functional recovery and prognosis. Preferably, it should be performed by a specialist in internal medicine or cardiology and should be forwarded to the FAA immediately upon completion. Inadequate evaluation or reporting, or failure to promptly submit the report to the FAA, may delay the certification decision. As a minimum, the evaluation must include the following:

I. MEDICAL HISTORY. Particular reference should be given to cardiovascular abnormalities—cerebral, visceral, and/or peripheral. A statement must be included as to whether medications are currently or have been recently used, and if so, the type, purpose, dosage, duration of use and other pertinent details must be given. A specific history of any anticoagulant drug therapy is required. In addition, any history of hypertension must be fully developed and if thrazrde diuretics are being taken, values for serum potassium should be reported. A comment should be included on any important or unusual dietary programs.

II. FAMILY, PERSONAL, AND SOCIAL HISTORY. A statement of the ages and health status of parents and siblings is necessary; if deceased. age at death and cause should be included. Also, an indication of whether any near blood relative has had "heart attacks," hypertension, diabetes or known disorders of lipid metabolism must be provided. Smoking, drinking and recreational habits of the applicant are pertinent as well as whether a program of physical fitness is being maintained. Comments on the level of physical activities, functional limitations, occupational and avocational pursuits are essential.

III. RECORDS OF PREVIOUS MEDICAL CARE. If not previously furnished to the FAA, a copy of pertinent hospital records as well as out-patient treatment records, with clinical data, x-ray and laboratory observations and originals or good copies of all EKG tracings, should be provided. Detailed reports of surgical procedures as well as cerebral and coronary arteriography and other major diagnostic studies are of prime importance.

IV. GENERAL PHYSICAL EXAMINATION. A brief description of any comment-worthy personal characteristics; height, weight, representative blood pressure readings in both arms; funduscopic examination of retinal arteries; condition of peripheral arteries; carotid artery auscultation; heart size; rate; rhythm and description of murmurs (location, intensity, timing, and opinion as to significance) and other findings of consequence must be provided.

V. LABORATORY DATA. As a minimum, must include actual values of:

A. Routine urinalysis and complete blood count

B. Blood chemistries (values and normal ranges of the laboratory).

(OVER)

1. Serum cholesterol and triglycerides after 12- to 18-hour fast.

2. Fasting blood sugar. If the fasting blood sugar is elevated, include at least a three-hour glucose tolerance test following glucose loading for three preceding days.

C. Electrocardiograms.

1. Resting tracing.

2. Exercise stress test (maximal).

a. State methodology used

b. Provide blood pressure determinations at rest, at each stage of the exercise stress test, and during the recovery period.

c. Submit representative EKG tracings for the control, exercise and recovery periods

d. Obtain recovery EKG tracings until there is a return to the control configuration and/or until the control level of heart rate has been achieved.

NOTE: The information obtained through a determination of current cardiovascular capacity and an evaluation of strain end points under the stress of rhythmic exercise is considered essential to the determination of fitness of any applicant with suspected or known cardiovascular disease. Current practice indicates that a stress test on a treadmill, using either Bruce or Balke protocol, is optimum in providing the desired performance data. Alternatively, an ergometer test that results in the same degree of work is acceptable.

All usual medical precautions should be followed in prescreening, election to test, testing, and follow-up on applicants who undergo exercise stress testing. The resting tracing should be reviewed by the examining physician for evidence of acute coronary insufficiency, recent myocardial infarction, or repolarization abnormalities. EKG evidence of recent, unsuspected myocardial change or infarction would contraindicate exercise testing. Please state reasons if the exercise stress test is medically contraindicated.

1. Serum cholesterol and triglycerides after 12- to 18-hour fast.

2. Fasting blood sugar. If the fasting blood sugar is elevated, include at least a three-hour glucose tolerance test following glucose loading for three preceding days.

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U.S. DEPARTMENT OF TRANSPDRTATIDN
FEDERAL AVIATIDN ADMINISTRATION

MEDICAL FORMS & STATIONERY REQUISITION

Concur	Routing Symbol	Date

Please send me the quantity of items requested below:

PTY.	FM/AC FORM #	TITLE
	FM 8025-1	AME Aircraft Accident Report
	FM 8025-2	AME Aircraft Accident Medical Information
	FAA 8065-1	Electrocardiogram Transmittal
	FM 8420-2	Student Medical Certificate
	FM 8500-1	Near Vision Acuity Test Card
	FAA 8500-2	Letter of Denial
	FM 8500-7	Report of Eye Evaluation
	FM 8500-8	Application for Airman Medical Certificate
	FM 8500-9	Medical Certificate
	FM 8500-14	Ophthalmological Evaluation of Glaucoma
	FAA 8500-19	Cardiovascular Evaluation Specifications
	FAA 8500-21	Authorization for Release of Medical Information to the FM
	AC 1360-57	Aeromed. Cert., Self-Addressed Envelopes
	AC 3150-7	Application for Physiological Training
	AC 8500-33	Medical Forms and Stationery Requisition

AME NO. (REQUIRED) / PHONE NUMBER	DATE

NAME OF AME OR MILITARY INSTALLATION

STREET ADDRESS

CITY AND STATE	ZIP CODE

AC Form 8500-33 (10/90) (NSN 0052-00-624-8000) ☆U.S. GPO: 568-100 L-U.S.GPO:568-1cm

SPECIFICATIONS FOR INITIAL EVALUATION OF ABNORMAL CARBOHYDRATE METABOLISM

The condition should be adequately controlled for at least 3 months.

I. Control is to be documented by determining, at least at monthly intervals, that the fasting blood sugar, 2-hour postprandial and glycosylated hemoglobin, do not, in preponderance, exceed normal values.

II. There are no disqualifying medical or surgical complications, including cardiac disease, peripheral vascular disease, renal disease, neurological abnormalities, or ocular changes.

III A current maximal electrocardiographic (ECG) exercise stress test is made available for review and found to be within acceptable limits (original tracing or legible copy).

IV. The applicant has no history of significant hypoglycemic reactions or evidence of an unusual risk or tendency for such reactions.

V. The applicant is using no beta-adrenergic blocking agents, *and his/her natural adrenergic response system is intact.*

DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

INFORMATION FOR APPLICANTS REGARDING APPEAL OPTIONS

You have been denied the issuance of an airman medical certificate for the reasons stated in the cover letter. The decision constitutes a denial by the Administrator of the Federal Aviation Administration (FAA) under Section 67.27 of the Federal Aviation Regulations and Section 602(b) of the Federal Aviation Act of 1958 (49 USC 1422). Therefore, you may:

a. Accept the decision that you do not meet the medical standards under Part 67 of the Federal Aviation Regulations, in which case no further action is required on your part. This does not jeopardize your right to submit a future application.

b. Apply for the discretionary issuance of a certificate under the provisions of Section 67.19 of the Federal Aviation Regulations. You may apply for the special issuance certificate by submitting a letter addressed to:

Department of Transportation
Federal Aviation Administration
Attention: AAM-0
P.O. Box 26080
Oklahoma City, OK 73126-5063

c. Within 60 days after this denial, request review by the National Transportation Safety Board (NTSB), as provided in Section 602 of the Federal Aviation Act. The NTSB Rules of Practice require that such a request contain a statement of the facts on which the appellant's case rests. The NTSB may hold a formal hearing, at which time the Administrator, by legal counsel, would present documentary evidence and oral testimony by medical specialists supporting the decision that you do not meet the requirements of Part 67 of the Federal Aviation Regulations. The airman is given a similar opportunity to present evidence and testimony at the hearing. The Adminstrator's denial of your application is based upon the records which you have made available to the FAA. If you obtain additional medical evaluations or records, you should submit copies to the FAA prior to any hearing before the NTSB.

A request for NTSB review may by submitted in the form of a letter addressed to:

National Transportation Safety Board
490 L'Enfant Plaza East, SW.
Washington, D.C. 20594-0001

DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

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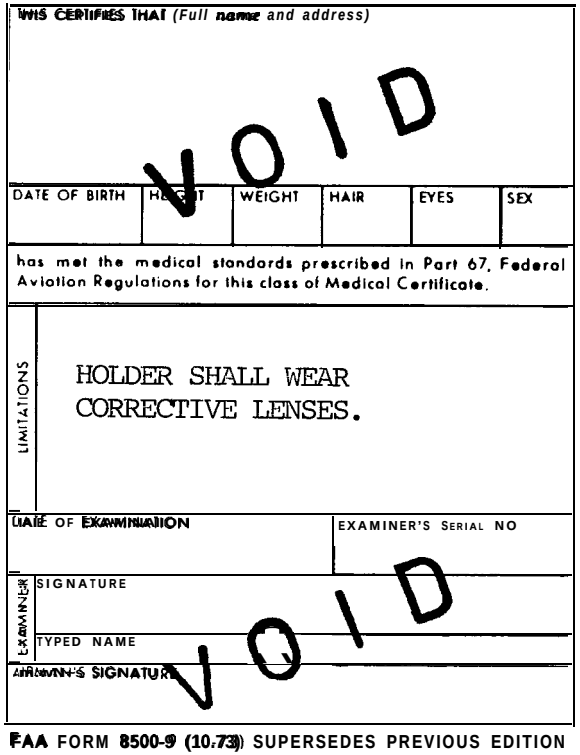
STANDARD VISION LIMITATIONS *

The following contains FAA's standard terminology to be used, when applicable, on the airman medical certificate. This terminology may not be changed or modified.

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

MEDICAL CERTIFICATE_____CLASS

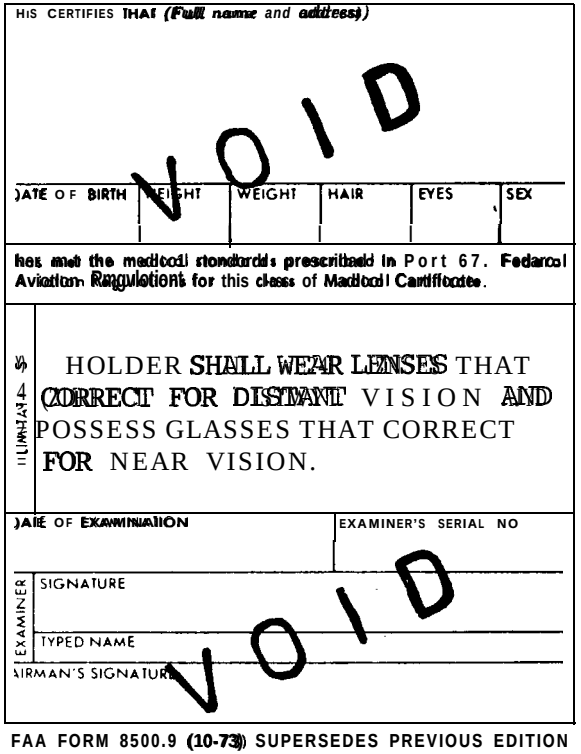


FAA FORM 8500-9 (10-73) SUPERSEDES PREVIOUS EDITION

1. Defective Distant Vision
2. Defective Distant and Near Vision. For defective distant and near visual acuity when unifocal glasses or contact lenses are used and correct both, see page 79 of the Guide.

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

MEDICAL CERTIFICATE_____CLASS



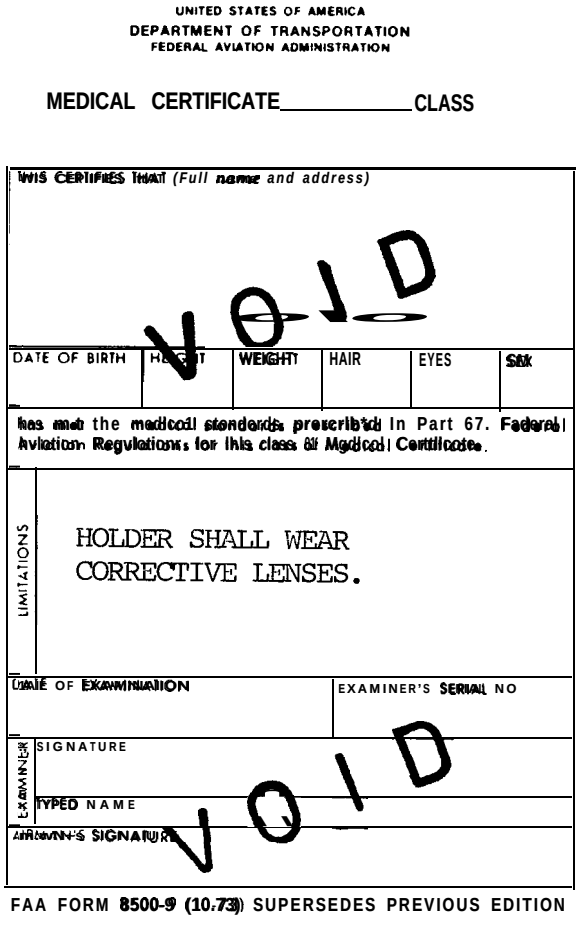
FAA FORM 8500.9 (10-73) SUPERSEDES PREVIOUS EDITION

Combined Defective Distant

‡ **NO OTHER LIMITATIONS MAY BE PLACED ON THE MEDICAL CERTIFICATE BY THE EXAMINER**

STANDARD VISION LIMITATIONS *

The following contains FAA's standard terminology to be used, when applicable, on the airman medical certificate. This terminology may not be changed or modified.


UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

MEDICAL CERTIFICATE_____CLASS

THIS CERTIFIES THAT (Full name and address)

VOID

DATE OF BIRTH | HEIGHT | WEIGHT | HAIR | EYES | SEX

has met the medical standards prescribed in Part 67, Federal Aviation Regulations for this class of Medical Certificate.

LIMITATIONS: HOLDER SHALL WEAR CORRECTIVE LENSES.

DATE OF EXAMINATION | EXAMINER'S SERIAL NO

EXAMINER: SIGNATURE / TYPED NAME

AIRMAN'S SIGNATURE

VOID

FAA FORM 8500-9 (10-73) SUPERSEDES PREVIOUS EDITION

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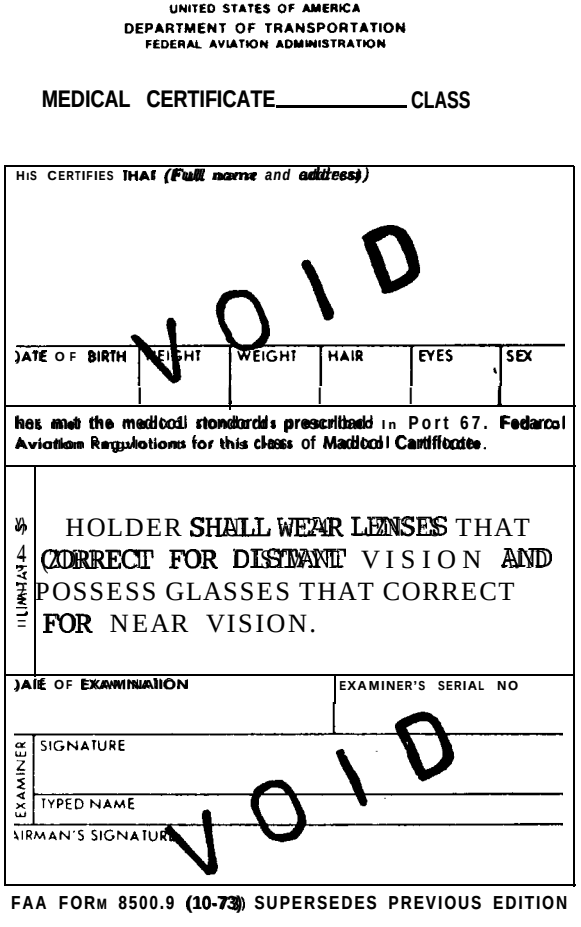

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

MEDICAL CERTIFICATE_____CLASS

HIS CERTIFIES THAT (Full name and address)

VOID

DATE OF BIRTH | HEIGHT | WEIGHT | HAIR | EYES | SEX

has met the medical standards prescribed in Part 67, Federal Aviation Regulations for this class of Medical Certificate.

LIMITATIONS: HOLDER SHALL WEAR LENSES THAT CORRECT FOR DISTANT VISION AND POSSESS GLASSES THAT CORRECT FOR NEAR VISION.

DATE OF EXAMINATION | EXAMINER'S SERIAL NO

EXAMINER: SIGNATURE / TYPED NAME

AIRMAN'S SIGNATURE

VOID

FAA FORM 8500-9 (10-73) SUPERSEDES PREVIOUS EDITION

Combined Defective Distant

* NO OTHER LIMITATIONS MAY BE PLACED ON THE MEDICAL CERTIFICATE BY THE EXAMINER

Appendix C

Federal Aviation Administration Regional and Center Medical Office Addresses

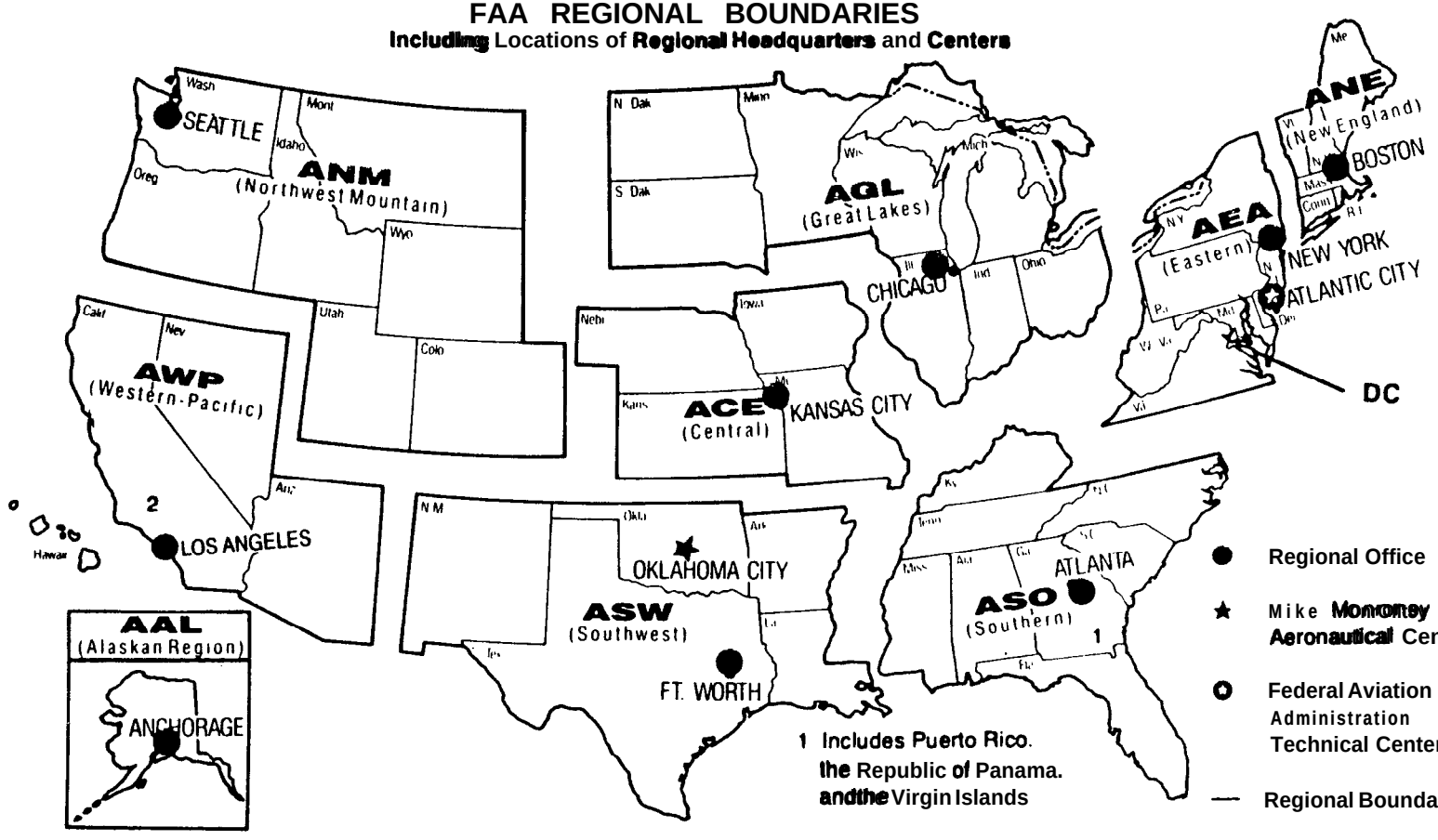
Appendix C

Federal Aviation Administration Regional and Center Medical Office Addresses

U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

FAA REGIONAL BOUNDARIES

Including Locations of Regional Headquarters and Centers



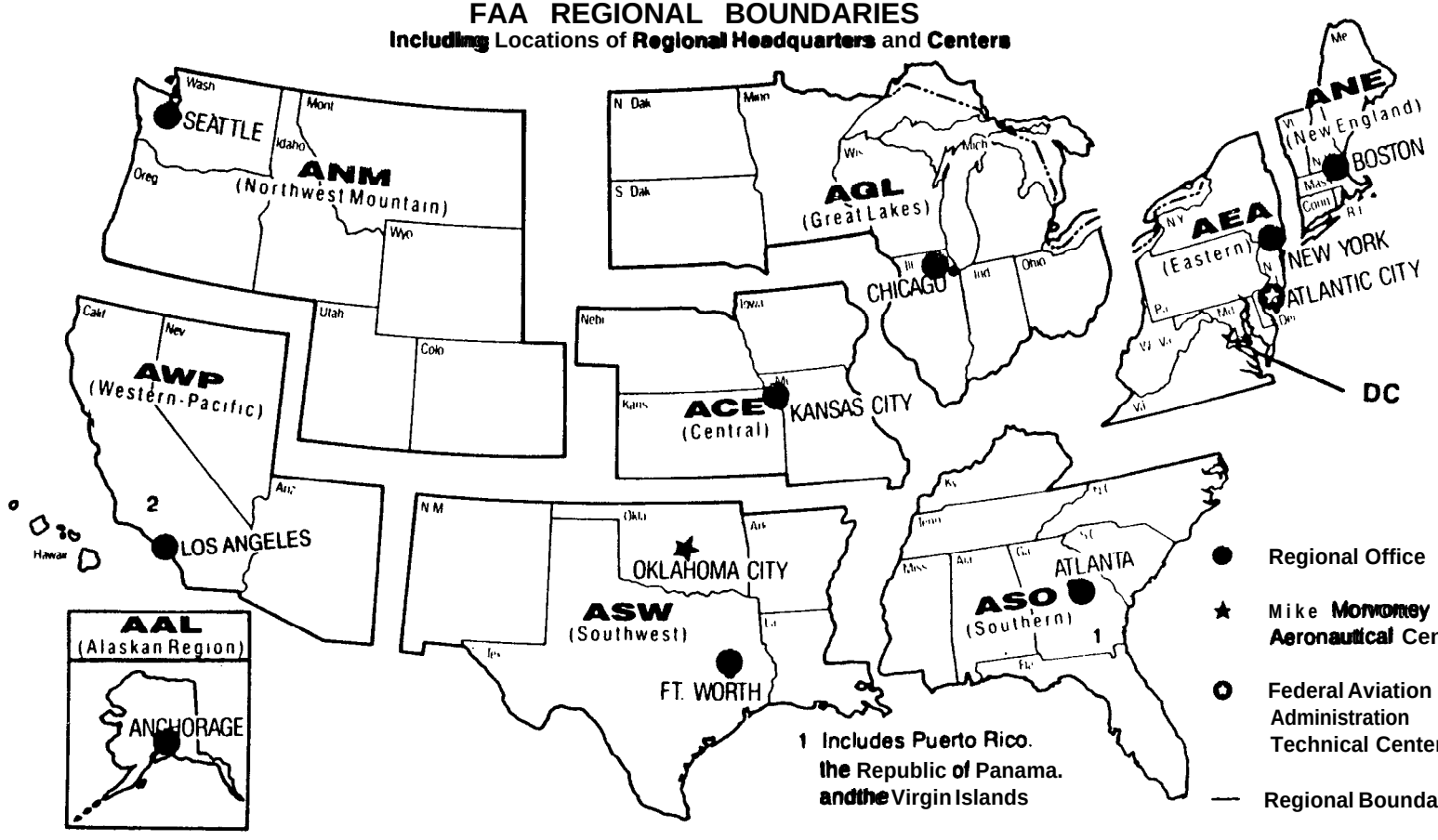
1 Includes Puerto Rico. the Republic of Panama. and the Virgin Islands

2 Includes Wake. Samoa, and Guam.

U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

FAA REGIONAL BOUNDARIES

Including Locations of Regional Headquarters and Centers



1 Includes Puerto Rico. the Republic of Panama. and the Virgin Islands

2 Includes Wake. Samoa, and Guam.

Asst. Regional Flight Surgeon
Federal Aviation Administration
Washington ARTCC (ZDC-300)
825 E. Market Street
Leesburg, Virginia 22075
Phone: (703) 771-4532

Asst. Regional Flight Surgeon
Federal Aviation Administration
New York ARTCC (ZNY-300)
Long Island MacArthur Airport
Ronkonkoma, New York 11779
Phone: (516) 737-3546

GREAT LAKES REGION
Illinois, Indiana, Minnesota, Michigan, Ohio, Wisconsin, North Dakota, South Dakota

Paul L. Brattain, M.D.
Regional Flight Surgeon, AGL-300
Federal Aviation Administration
2300 East Devon Avenue
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Phone: (312) 694-7491

Asst. Regional Flight Surgeon
Federal Aviation Administration
Chicago ARTCC
619 Indian Trail Road
Aurora, Illinois 60507
Phone: (708) 897-2061

Asst. Regional Flight Surgeon
Federal Aviation Administration
Cleveland ARTCC
326 East Lorain Street
Oberlin, Ohio 44074
Phone: (216) 774-0188

Asst. Regional Flight Surgeon
Federal Aviation Administration
Washington ARTCC (ZDC-300)
825 E. Market Street
Leesburg, Virginia 22075
Phone: (703) 771-4532

Asst. Regional Flight Surgeon
Federal Aviation Administration
New York ARTCC (ZNY-300)
Long Island MacArthur Airport
Ronkonkoma, New York 11779
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GREAT LAKES REGION
Illinois, Indiana, Minnesota, Michigan, Ohio, Wisconsin, North Dakota, South Dakota

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Federal Aviation Administration
Cleveland ARTCC
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Oberlin, Ohio 44074
Phone: (216) 774-0188

Asst. Regional Flight Surgeon
Federal Aviation Administration
Salt Lake City ARTCC
2150 West 700 North
Salt Lake City, Utah 84116
Phone: (801) 5393140

SOUTHERN REGION
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Puerto Rico, Virgin Islands

David P. Millett, M.D.
Regional Flight Surgeon, AS0-300
Federal Aviation Administration
P.O. Box 20636
Atlanta, Georgia 30320
(3400 Norman Berry Drive
East Point, Georgia 30344)
Phone: (404) 763-7251

Asst. Regional Flight Surgeon
Federal Aviation Administration
Atlanta ARTCC
299 Woolsey Road
Hampton, Georgia 30228
Phone: (404) 946-7712

Asst. Regional Flight Surgeon
Federal Aviation Administration
Memphis ARTCC
3229 Democrat Road
Memphis, Tennessee 38118
Phone: (901) 365-0970

Asst. Regional Flight Surgeon
Federal Aviation Administration
Jacksonville ARTCC
P.O. Box 98
Hilliard, Florida 32046
(811 East Second Street
Hilliard, Florida 32046)
Phone: (904) 632-l 536

Asst. Regional Flight Surgeon
Federal Aviation Administration
Miami ARTCC
7500 N.W. 58th Street & Palmetto Expressway
Miami, Florida 33166
Phone: (305) 592-9770

SOUTHWEST REGION
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Anthony Ziegler, Jr., M.D.
Regional Flight Surgeon, ASW-300
Federal Aviation Administration
Fort Worth Texas 76193-0300
(4400 Blue Mound Road
Fort Worth, Texas 76106)
Phone: (817) 624-5300

WESTERN PACIFIC REGION
Arizona, California, Nevada, Hawaii

Stephen H. Goodman, M.D.
Regional Flight Surgeon, AWP300
Federal Aviation Administration
P.O. Box 92007, Worldway Postal Center
Los Angeles, California 90009
(15000 Aviation Boulevard
Hawthorne, California 90261)
Phone: (213) 297-l 300

Asst. Regional Flight Surgeon
Federal Aviation Administration
Los Angeles ARTCC
2555 East Avenue "P"
Palmdale, California 93550
Phone: (805) 265-8221

Asst. Regional Flight Surgeon
Federal Aviation Administration
Oakland ARTCC
5125 Central Avenue
Fremont, California 94536
Phone: (415) 797-3200

Asst. Regional Flight Surgeon
Federal Aviation Administration
Miami ARTCC
7500 N.W. 58th Street & Palmetto Expressway
Miami, Florida 33166
Phone: (305) 592-9770

SOUTHWEST REGION
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

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Hawthorne, California 90261)
Phone: (213) 297-l 300

Asst. Regional Flight Surgeon
Federal Aviation Administration
Los Angeles ARTCC
2555 East Avenue "P"
Palmdale, California 93550
Phone: (805) 265-8221

Asst. Regional Flight Surgeon
Federal Aviation Administration
Oakland ARTCC
5125 Central Avenue
Fremont, California 94536
Phone: (415) 797-3200

ORDER

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

8520.2D

5/8/92

SUBJ: AVIATION MEDICAL EXAMINER SYSTEM

1. PURPOSE. This order provides guidelines for the administration of the Aviation Medical Examiner System (AMES) including procedures for designating and terminating the designation of Aviation Medical Examiners (AME's).

2. DISTRIBUTION. This order is distributed to division level in the Offices of Aviation Medicine (AAM) including the Civil Aeromedical Institute (CAMI) and Regional Aviation Medical Divisions, medical field offices in Air Route Traffic Control Centers, Chief Counsel, Civil Aviation Security, International Aviation, and to designated AME's.

3. CANCELLATION. Order 8520.2C, Aviation Medical Examiner System, dated June 6, 1978, is canceled.

4. EXPLANATION OF CHANGES.

a. Designation criteria are modified to include a requirement for attendance by the AME at an Aviation Medical Certification Standards and Procedures Workshop, an AME Seminar before designation, and attendance at an AME Seminar at 3-year intervals, thereafter.

b. Designation criteria for performing first-class examinations are modified to include a requirement for access to a system for electronic transmission of electrocardiograms.

c. The order clearly indicates that designations terminate at the end of 12 months from the date of designation, and new designations are necessary for continued authority to perform Federal Aviation Administration (FAA) examinations.

d. Performance criteria are clarified and procedures are specified for termination of designation.

e. Criteria for designation of physicians located in foreign countries are established.

Distribution: A-W(AM/GC/CS/IA)-2 A-X(AM/CAMI)-2. AME-1 FAT-1(AM)

Initiated By: AAM-1

f. Procedures for designation of military flight surgeons are established.

g. The Manager, Aeromedical Education Division (AAM-400), and the Regional Flight Surgeons are delegated authority to terminate designations of physicians as AME's (including Senior AME's) located within his/her area of responsibility.

h. Responsibility is assigned for conducting AME Seminars and Aviation Medical Certification Standards and Procedures Workshops, Aircraft Accident Investigation Seminars, and Medical Certification Standards and Procedures Training for Agency Medical Personnel.

5. DELEGATION OF AUTHORITY. AAM is the principal staff element of the FAA with respect to the AMES. As the head of the office, the Federal Air Surgeon develops and establishes policies, plans, procedures, standards, and regulations governing the AMES.

a. The Manager, Aeromedical Education Division (AAM-400), is delegated responsibility to provide administrative support for the AMES and to:

(1) Designate and terminate designation as AME's of flight surgeons at military posts, stations, and facilities in coordination with the Surgeons General of the armed services. Military designations are subject to the general procedures and guidelines set out in this order, except as otherwise provided. Military AME's shall perform second- and third-class examinations only.

(2) Designate and terminate designations of physicians as AME's (including Senior AME's) who are located in foreign countries or areas not under the responsibility of an FAA Regional Flight Surgeon.

(3) Plan, develop, administer, and evaluate medical education programs in support of the AMES.

(4) Monitor the AMES and advise the Federal Air Surgeon on its system administration within each region.

b. Regional Flight Surgeons are delegated authority to designate and terminate designations of physicians as AME's (including Senior AME's) located within their geographical areas of responsibility.

6. DEFINITIONS.

a. Aviation Medical Examiner. A physician designated by the FAA and given the authority to accept applications and perform physical examinations necessary to determine qualifications for the issuance of second- and third-class airman medical certificates under Part 67 of The Federal Aviation Regulations. The AME conducts these physical examinations, issues, defers or denies airman medical certificates in accordance with Part 67, and issues student pilot certificates in accordance with Part 61 of the Federal Aviation Regulations.

b. Senior Aviation Medical Examiner. An AME given the additional authority to accept applications and perform physical examinations necessary to determine qualifications for the issuance of first-class airman medical certificates under Part 67 of the Federal Aviation Regulations. The AME conducts these physical examinations, and issues, defers, or denies airman medical certificates in accordance with Part 67, and issues student pilot certificates in accordance with Part 61 of the Federal Aviation Regulations.

c. Physician. A doctor of medicine or doctor of osteopathy.

d. Desisnation. Authority to exercise the responsibilities of an AME commences on the date of a letter of formal notification of appointment and remains in effect for 12 months following this date.

e. Termination Of Desisnation. Withdrawal of an AME's designation before completion of the normal 12-month designation period.

7. FORMS AND SUPPLIES. FAA and FAA Aeronautical Center (AC) Forms and Supplies may be obtained from the Manager, Aeromedical Education Division, AAM-400. The use of any locally designed forms or certificates in lieu of those listed below is prohibited. Appendix 1 contains forms and reports information.

8. GENERAL. AME's assume certain responsibilities directly related to the FAA safety program. They serve in their communities as the aviation safety experts where medical matters are concerned. They have responsibility to ensure that only those applicants who are physically and mentally able to perform safely, may exercise the privileges of airman certificates. To properly discharge the duties associated with these responsibilities, AME's must maintain familiarity with general medical knowledge applicable to aviation. They also must have detailed knowledge and understanding of FAA rules, regulations,

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(aa) Diploma from medical school.

(bb) Certificate of any postgraduate professional training (e.g., internship, residency, fellowship).

(cc) State license(s) to practice medicine.

(dd) Notice of certification by an American specialty board, if applicable.

(ee) Certification of current valid state license(s), with no restriction or limitations, to practice medicine (e.g., annual, biennial).

(ff) References from three physicians in applicant's geographical location regarding professional standing, or a statement from the local medical society or osteopathic association in the locality of practice that applicant is a member in good standing.

(gg) Applicants must sign and submit a statement affirming that:

(1) There are no current required restrictions of medical practice, and there are no adverse actions proposed or pending that would limit medical practice by any state licensing board, the Drug Enforcement Administration, any medical society, any hospital staff, or by any other local, state, or Federal organization that may have licensing or certification authority.

(2) There are no known investigations, charged indictments, or pending actions in any local, state, or Federal court.

(hh) Physicians located in foreign countries must be able to demonstrate the ability to read, write, speak, and understand the English language.

2 Redesisnation. It is the responsibility of the AME to obtain and submit to the appropriate FAA official (i.e., Regional Flight Surgeon or Manager, Aeromedical Education Division, AAM-400) Items (ee) and (gg) (above) in support of requests for redesignation. (See paragraph 14 a(l)(a) for information about to whom the application should be submitted.)

(2) Conditions of Desisnation. To become an AME, the applicant must agree to comply with the following conditions:

(a) Credentials. The AME must notify the appropriate FAA-official (i.e., Regional Flight Surgeon or Manager, Aeromedical Education Division, AAM-400) at any time there is a change in status of licensure to practice medicine.

(b) Professionalism. To be informed of the progress in aviation medicine, to be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of airmen, and to abide by the policies, rules, and regulations of the FAA.

(c) Examinations. To personally conduct all medical examinations at an established office address that is available to the public and is located in the county (when applicable) of designation. Other physicians or paraprofessional personnel may perform specialized parts of the examinations under the general supervision of the AME, who must sign the FAA forms, and list his/her FAA designation identification number, both in Item 64 of FAA Form 8500-8 and on the medical certificate. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination, and the cost to the applicant may not exceed the amount normally charged for a complete examination by a single examiner.

(d) Continuins Education. Each physician must attend an FAA-sponsored Aviation Medical Certification Standards and Procedures Workshop and an AME Seminar before initial designation. In addition, a member of the physician's staff must attend the workshop. AME's must also attend an AME Seminar within each 3-year interval, thereafter, and a member of the AME's office staff must attend a workshop within each 3-year period, thereafter. Travel costs and other expenses for the AME and staff to attend the seminars are the responsibility of the attendees. For physicians in foreign countries and military flight surgeons, attendance at seminars after initial designation may be waived on the basis of satisfactory performance as an AME and by continuing participation in acceptable aviation medicine education and training activities approved by the Manager, Aeromedical Education Division, AAM-400.

(e) Office Address and Telephone Numbers. Each AME will be listed under only one office location and telephone number. The AME is required to promptly advise, in writing, the responsible Regional Flight Surgeon or the Manager, Aeromedical Education Division, AAM-400, as appropriate, of any change in office location or telephone numbers. Continuation of designation at the new location is contingent on need (see paragraph 12). The Regional Flight Surgeon shall report these changes to the Manager, Aeromedical Education Division, AAM-400.

(f) Facilities and Equipment. The applicant must have adequate facilities for performing the required examinations and possess or agree to obtain such equipment prior to conducting any FAA examinations. The required equipment is listed in Appendix 2.

(g) Conduct. The AME will comply with the policies, orders, and regulations of the FAA.

b. Authority to Perform First-Class Examinations. In addition to the designation criteria in paragraph 10a for designation as a Senior AME, the physician must demonstrate, by compliance with the requirements for continued service as an AME (see paragraph 14b), acceptable prior performance as an AME authorized to perform second- and third-class examinations for a period of at least 3 years.

11. PROHIBITED EXAMINATIONS. An AME may not perform a self-examination for issuance of a medical certificate nor issue a medical certificate to himself or herself.

12. DURATION OF DESIGNATION. Designations of physicians as AME's are effective for 1 year after the date issued unless terminated earlier by the FAA or the designee. For continued service as an AME, a new designation must be made annually. In the event of office relocation or change in practice, a designation shall terminate and may be reissued, on request, through the responsible Regional Flight Surgeon or, if appropriate, the Manager, Aeromedical Education Division, AAM-400. In respect to the relocation, a determination of adequacy of coverage shall be made as specified in paragraph 10a(1)(a) of this order. New personal references or statements from the physician's local or state medical society, osteopathic association or state, Federal, and foreign licensing authority may be required.

13. AUTHORITY DELEGATED TO A DESIGNATED AME. An AME is delegated the authority to:

a. Accept applications for physical examinations necessary for issuing medical certificates under Part 67 of the Federal Aviation Regulations.

b. Personally conduct physical examinations in accordance with FAA guidance and practices.

c. Issue, defer, or deny medical certificates in accordance with Part 67 of the Federal Aviation Regulations, subject to reconsideration by responsible FAA official(s).

(f) Facilities and Equipment. The applicant must have adequate facilities for performing the required examinations and possess or agree to obtain such equipment prior to conducting any FAA examinations. The required equipment is listed in Appendix 2.

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Accordingly, these forms must be afforded an appropriate degree of security, and any loss should be reported immediately to the Regional Flight Surgeon or the Manager, Aeromedical Education Division, AAM-400. Forms and supplies shall be made available on a continuing basis to AME's through the Aeromedical Education Division, AAM-400, by use of the appropriate requisition card (AC Form 8500-33).

b. Desianation or Termination of Designation.

(1) Evaluation. The FAA continuously evaluates the performance of each AME. The Manager, Aeromedical Education Division, AAM-400, is responsible for developing and administering evaluation procedures to supply Regional Flight Surgeons with data to assist them in designating only those physicians who have demonstrated satisfactory performance in the past and who continue to show a definite interest in the AME program. In addition, the Manager, Aeromedical Certification Division, AAM-300, shall identify those AME's committing serious certification errors and notify, in writing, the appropriate Regional Flight Surgeon or, as required, the Manager, Aeromedical Education Division, AAM-400, so that appropriate action may be taken regarding these AME's. Information collected by the Aeromedical Education Division, AAM-400, includes the following:

(a) Data on the adequacy of information on reports of medical examination (FAA Form 8500-8).

(b) Error rate on reports of medical examination (FAA Form 8500-8) in certification of airmen.

(c) AME interest and participation in aeromedical program areas.

(d) Reports from the aviation community concerning the AME's professional performance and personal conduct as it may reflect on the FAA.

(e) Information from local, state, and Federal law enforcement agencies and court systems, medical societies and associations, state and foreign licensing authorities, and the Federal Government.

(f) Attendance at seminars and workshops in accordance with paragraph 10a(2)(d).

(2) AME Performance Reports. The Manager, Aeromedical Education Division, AAM-400, shall furnish Regional Flight Surgeons the following reports to assist in evaluating AME's:

(a) AME Performance Summary (Quarterly) (RIS: AM 9320-3) of AME's eligible for designation. The report shall include, but is not limited to, number of examinations by class, number of errors, and medical certification cases denied or pending.

(b) AME Training Summary (Quarterly) (RIS: AC 8520-6) shall include a listing of each AME with dates of attendance at workshops and seminars, type of designation (Senior AME's perform first-, second-, and third-class examinations, AME's perform only second- and third-class examinations), training in the Accident Investigation Program, and whether the AME is a pilot.

(c) AME Performance Summary (Annually) (RIS: AM 9320-4) shall be published on a calendar-year basis and shall minimally include the quarterly information listed in (2)(a) above.

(d) Summary Comparison Report (Annually) (RIS: AM 9320-2) shall be published on a calendar-year basis. This report shall identify the number of physical examinations performed in each state and country, as contrasted with the number of persons requiring medical certification in each state and country by airman category.

(3) Basis for Termination or Nonrenewal of Designation. Termination or nonrenewal of designation may be based, in whole or in part, on the following criteria:

(a) No examinations performed after 12 months of initial designation.

(b) Performance of fewer than 15 examinations per year after 24 months.

(c) Disregard of, or failure to demonstrate knowledge of, FAA rules, regulations, policies, and procedures.

(d) Error rate greater than ten percent on the AME performance report.

(e) Failure to attend required AME Seminars and Workshops.

(f) Movement of the location of practice from where presently designated.

(g) Failure to participate in any FAA aviation medical program when requested by the FAA.

(h) Unprofessional office maintenance and appearance.

(i) Unprofessional performance of examinations.

(j) Failure to promptly mail reports of medical examinations to the FAA.

(k) Personal conduct or public notoriety that may reflect adversely on the FAA.

(l) Loss, restriction, or limitation of a license to practice medicine.

(m) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her designation.

(n) Any illness or medical condition that may affect the physician's sound professional judgment or ability to perform examinations.

(o) Arrest, indictment, or conviction for violation of a law.

(p) Request by the physician for termination of designation.

(q) Any other reason if it is determined to be in the best interest of the FAA to terminate a designation.

(4) Procedures for Renewing Designations. Before expiration of designation, the Aeromedical Education Division, AAM-400, shall forward FAA Form 8520-4, Aviation Medical Examiner Identification Card, to AME's who meet designation criteria, as certified by either a Regional Flight Surgeon or the Manager, Aeromedical Education Division, AAM-400. The physician desiring designation shall provide the statement required in 10.a.(1)(c) (certification of current valid state license(s) with no restrictions or limitations) and shall detach, sign, and return the identification card portion, and complete the remainder of the form and return it, along with the above certification to the Manager, Aeromedical Education Division, AAM-400. Physicians who do not wish designation shall return the entire FAA Form 8520-4 to the Manager, Aeromedical Education Division, AAM-400, so their names will not be included on the roll of designated AME's. Physicians whose completed forms are not received will not be redesignated. Physicians who do not submit their applications for redesignation to the Manager, Aeromedical Education Division, AAM-400 by the expiration of their current designation, should submit their

(h) Unprofessional office maintenance and appearance.

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(e) In cases where an AME is suspected of fraud or any other activity for which emergency action is necessary to assure aviation safety, the Regional Flight Surgeon or the Manager, Aeromedical Education Division, AAM-400, shall immediately direct the AME in writing, by certified mail, with return receipt requested, to cease all further examinations pending further FAA investigation. The investigation shall be conducted expeditiously. Upon investigation of the matter, the Regional Flight Surgeon or the Manager, Aeromedical Education Division, AAM-400, shall initiate termination action if such action is warranted in accordance with paragraphs (a) through (d) of this section. However, if the Regional Flight Surgeon or the Manager, Aeromedical Education Division, AAM-400, believes that the AME's cessation of further examinations should continue pending final disposition of the matter by the FAA, he or she shall so direct the AME in writing, by certified mail, with return receipt requested. The termination procedures shall be accomplished expeditiously.

(6) Return of Materials. Whether by determination to not redesignate or termination of designation during the designation year, the AME shall return all FAA materials (including identification card and certificate of designation) to the Manager, Aeromedical Education Division, AAM-400. The Manager, Aeromedical Education Division, AAM-400, shall advise the responsible Regional Flight Surgeon if the materials are not returned within a reasonable period of time so further action may be taken.

15. AME IDENTIFICATION CARDS.

a. FAA Form 8520-4. Aviation Medical Examiner Identification Card, is prescribed by this order.

b. Issuance and Control of AME Identification Cards. The need to assure the integrity of the AME identification card system necessitates that strict controls be instituted to prevent fraudulent issuance, improper use, or alteration of the identity card.

(1) Responsibility. The Manager, Aeromedical Education Division, AAM-400, assures that application forms for the Aviation Medical Examiner Identification Card, FAA Form 8520-4, are properly reviewed and that the issuance and control of these identification cards are accomplished in accordance with the general provisions of FAA Order 1600.25 series, FAA Identification Media.

(2) Authorizing Officials. To prevent any possible fraudulent issuance of an AME identification card, the Federal Air Surgeon will designate, by letter, those personnel authorized to sign FAA Form 8520-4 as "Authorizing Official."

(3) Protection and Control of AME Identification Media. The acceptance of the designation portion of Aviation Medical Examiner Identification Card, FAA Form 8520-4, shall serve as control for the identification media. The following paragraphs of FAA Order 1600.25 series set forth FAA policy with respect to the administrative controls required for an authorized identification system. The appropriate references to FAA Order 1600.25 series include:

(a) Counterfeiting, misuse, or alteration (paragraph 25).

(b) Loss or theft (paragraph 26).

(c) Destruction (paragraph 27).

(d) Surrender of identification media (paragraph 28).

(e) Storage, transmittal, and accountability (paragraph 30).

16. FORM AVAILABILITY. FAA Forms related to the AMES are available from the Manager, Aeromedical Education Division, AAM-400, by using the requisition card (AC Form 8500-33). See Appendix 1 for a list of available forms.

17. DESIGNATION OF MILITARY FLIGHT SURGEONS OR FEDERAL CIVILIAN PHYSICIANS TO CONDUCT FAA EXAMINATIONS.

a. Initial Desisnation.

(1) Request for desisnation. Appropriate representatives of the Surgeons General of the United States Army, United States Air Force, United States Navy, and the Chief of Health Services of the United States Coast Guard, may request the Manager, Aeromedical Education Division, AAM-400, to assign a designation number to a flight surgeon of their service to permit issuance of second- and third-class FAA Airman Medical Certificates and combined medical/student pilot certificates and to authorize the conduct of certification examinations at specified military clinics. Appropriate representatives of other Federal departments or agencies may make similar requests. Flight Surgeons may perform FAA required airman medical certification examinations at military medical facilities while in temporary duty status as long as the facility is identified by the Manager, Aeromedical Education Division AAM-400, as a location to perform such examinations.

(2) Application. Flight Surgeons selected for designation shall complete FAA Form 8520-2 (Aviation Medical Examiner Designation Application) and submit the original and one copy to the Manager, Aeromedical Education Division, AAM-400.

(3) Notification. If designated, the Manager, Aeromedical Education Division, AAM-400, shall inform the requesting Surgeon General or the Chief of Health Services of the United States Coast Guard and the applicant flight surgeon of designation in writing. If designated, supplies outlined in Appendix 1 of this order shall be sent to the military medical facility where the examinations are to be conducted.

(4) Conditions of Desisnation. Military flight surgeons or Federal civilian physicians who are designated shall meet the conditions of designation outlined in paragraph 10a(1), except, a Federal physician shall maintain licensure to practice medicine in a state of his or her choice. Licensure is not required in the state of duty assignment and subparagraph 10a(1)(c) does not apply. Paragraph 10a(2) of this order is applicable except that public access to the established office is not required and military flight surgeons must attend a medical certification standards and procedures workshop prior to designation as an AME. One staff member from the authorized military medical facility must have attended a workshop to qualify the military medical facility as an acceptable location for the performance of examinations. Attendance at seminars may be waived as a requirement for designation of military flight surgeons on the basis of satisfactory performance as an AME and by participation in acceptable aviation medicine education and training activities approved by the Manager, Aeromedical Education Division AAM-400.

b. Continued Desisnation or Termination of Designation. It is the policy of the FAA to assess the performance of designated flight surgeons and to terminate their designation, if appropriate, in accordance with paragraph 14b of this order. The designation of military flight surgeons or Federal civilian physicians to conduct FAA examinations as AME's will terminate upon the individual leaving Government service. Reports of AME performance and notification of changes in designation status will be provided by the Manager, Aeromedical Education Division AAM-400, to the designated flight surgeon, the medical facility commander, and to the Surgeon General or Chief of Health Services concerned.

c. Prohibited Examinations. A Federal physician designated as an AME may not perform a self-examination for issuance of a medical certificate nor issue a medical certificate to himself or herself.

d. Duration of Desisnation. Designations of military flight surgeons or Federal civilian physicians as AME's are effective for 1 year after the date issued unless terminated earlier by the agency or the designee. For continued service as an AME, a new designation must be made annually. Credentials verification as provided for in paragraph 10a(1)(c)2 may be required.

18. WORKSHOPS AND SEMINARS.

a. AVIATION MEDICAL CERTIFICATION STANDARDS AND PROCEDURES WORKSHOPS. The purpose of these workshops is to train AME's and their staff in the accurate completion of the medical application (FAA Form 8500-8) by the applicant and the AME. This will ensure and facilitate the efficient, timely processing of medical applications by the Aeromedical Certification Division, AAM-300.

(1) The Manaser, Aeromedical Education Division, AAM-400, is responsible for planning, coordinating the conduct of, and evaluating all Aviation Medical Certification Standards and Procedures Workshops. Evaluations shall be reported directly to the Director, CAM1 (AAM-3).

(a) Attendance of an Aviation Medical Certification Standards and Procedures Workshop by the AME and by a member of the AME's staff is required prior to initial designation as an AME. A member of the AME's staff must attend a workshop within each 3 year period thereafter. AME's who are currently designated and who have not previously attended a workshop, will be required to attend a workshop with a member of their staff by the time of their next attendance at an AME Seminar.

(b) An Aviation Medical Certification Standards and Procedures Workshop will be conducted in conjunction with each AME Seminar.

(c) Additional Aviation Medical Certification Standards and Procedures Workshops will be conducted at specific geographical locations mutually agreed upon by the responsible Regional Flight Surgeon and the Manager, Aeromedical Education Division, AAM-400.

(d) The Aeromedical Education Division, AAM-400, is responsible for developing a training curriculum and lesson plans based on information provided by the Manager, Aeromedical Certification Division, AAM-300, and the AAM Curriculum Committee. In general, the curriculum shall include instruction on paperwork management, completion of forms, regulatory and policy administration, and review of other pertinent information contained in the Guide for Aviation Medical Examiners.

(e) The Regional Flight Surgeon (or the Aeromedical Education Division, AAM-400, where AME's are not under a regional jurisdiction) will forward letters of invitation to AME's and their staffs to attend a scheduled Aviation Medical Certification Standards and Procedures Workshop. The attendance list shall be established and provided to the Manager, Aeromedical Education Division, AAM-400.

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(e) The Regional Flight Surgeon (or the Aeromedical Education Division, AAM-400, where AME's are not under a regional jurisdiction) will forward letters of invitation to AME's and their staffs to attend a scheduled Aviation Medical Certification Standards and Procedures Workshop. The attendance list shall be established and provided to the Manager, Aeromedical Education Division, AAM-400.

d. MEDICAL ASPECTS OF AIRCRAFT ACCIDENT INVESTIGATION SEMINARS: The purpose of Medical Aspects of Aircraft Accident Investigation Seminars is to provide selected AME's with an understanding of the techniques, procedures, and regulations for the medical aspects of aircraft accident investigation.

(1) The Director, CAM1 (AAM-3), shall request and coordinate input from the Associate Administrator for Aviation Standards, the Office of Accident Investigation, the National Transportation Safety Board, the Transportation Safety Institute, the Armed Forces Institute of Pathology, Regional Flight Surgeons, AAM divisions, and other organizations as necessary to provide a comprehensive program on the medical aspects of aircraft accident investigation.

(2) Based on the input noted above, the Manager, Aeromedical Education Division, AAM-400, is responsible for planning, coordinating the conduct of, and providing for the evaluation of all Medical Aspects of Aircraft Accident Investigation Seminars. Evaluations shall be reported directly to the Director, CAMI, AAM-3.

(3) The Manager, Aeromedical Education Division, AAM-400, is responsible for establishing and coordinating a group of AME's who will provide medical expertise in their respective geographical areas to assist the Regional Flight Surgeon, upon request, in the investigation of aircraft accidents.

(4) Only accident investigation training designed and coordinated by the Aeromedical Education Division, AAM-400, or training specifically approved by the Director, CAM1 (AAM-3), will be accepted as appropriate training for AME's to meet the requirements of this order.

Jon L. Jordan, M.D.
Federal Air Surgeon

APPENDIX 1

FORMS AND SUPPLIES

1. Order 8520.3 series, Guide for Aviation Medical Examiners.

2. Order 8025.1 series, Medical Investigation of Aircraft Accidents (optional).

3. Self-addressed envelopes for the Aeromedical Certification Division and the appropriate Regional Aviation Medical Division.

4. Order 8520.2 series, Aviation Medical Examiner System.

5. Directory of AME's.

6. FAA and AC Forms and supplies may be obtained from the Manager, Aeromedical Education Division, AAM-400. The use of any locally designed forms or certificates in lieu of those listed below is prohibited.

a. FAA Form 8025-1, AME Aircraft Accident Report (optional).
b. FAA Form 8025-2, AME Aircraft Accident Medical Information (optional).
c. FAA Form 8065-1, Electrocardiogram Transmittal.
d. FAA Form 8420-2, Student Medical Certificate.
e. FAA Form 8500-1, Near Vision Acuity Test Card.
f. FAA Form 8500-2, AME Letter of Denial.
g. FAA Form 8500-7, Report of Eye Evaluation.
h. FAA Form 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate.
i. FAA Form 8500-9, Medical Certificate.
j. FAA Form 8500-14, Ophthalmological Evaluation of Glaucoma.
k. FAA Form 8500-19, Cardiovascular Evaluation Specifications.
l. FAA Form 8500-21, Authorization for the Release of Medical Information to the FAA.
m. AC Form 8500-33, Medical Forms and Stationary Requisition.
n. AC Form 1370-57, Aeromedical Certification Self-Addressed Envelope.
o. AC Form 3150-7, Application Psychological Training.

APPENDIX 1

FORMS AND SUPPLIES

1. Order 8520.3 series, Guide for Aviation Medical Examiners.

2. Order 8025.1 series, Medical Investigation of Aircraft Accidents (optional).

3. Self-addressed envelopes for the Aeromedical Certification Division and the appropriate Regional Aviation Medical Division.

4. Order 8520.2 series, Aviation Medical Examiner System.

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6. FAA and AC Forms and supplies may be obtained from the Manager, Aeromedical Education Division, AAM-400. The use of any locally designed forms or certificates in lieu of those listed below is prohibited.

a. FAA Form 8025-1, AME Aircraft Accident Report (optional).
b. FAA Form 8025-2, AME Aircraft Accident Medical Information (optional).
c. FAA Form 8065-1, Electrocardiogram Transmittal.
d. FAA Form 8420-2, Student Medical Certificate.
e. FAA Form 8500-1, Near Vision Acuity Test Card.
f. FAA Form 8500-2, AME Letter of Denial.
g. FAA Form 8500-7, Report of Eye Evaluation.
h. FAA Form 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate.
i. FAA Form 8500-9, Medical Certificate.
j. FAA Form 8500-14, Ophthalmological Evaluation of Glaucoma.
k. FAA Form 8500-19, Cardiovascular Evaluation Specifications.
l. FAA Form 8500-21, Authorization for the Release of Medical Information to the FAA.
m. AC Form 8500-33, Medical Forms and Stationary Requisition.
n. AC Form 1370-57, Aeromedical Certification Self-Addressed Envelope.
o. AC Form 3150-7, Application Psychological Training.

APPENDIX 2

REQUIRED EQUIPMENT

1. Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane. FAA Form 8500-1, Near Vision Acuity Card may be used for near testing.

2. Eye Muscle Test-Light. May be a spot of light 0.5 cm in diameter, a regular-muscle-test light, or an ophthalmoscope.

3. Maddox Rod. May be hand typed.

4. Horizontal Prism Bar. Risley, Hughes, or hand prism are acceptable alternatives.

5. Color Vision Test Apparatus. Pseudoisochromatic plates. (American Optical Company (AOC), 1965 edition; AOC-HRR, 2nd edition: Dvorine, 2nd edition; Ishihara, concise 14-plate edition, 16-, 24-, or 38-plate editions; or Richmond, 1983 edition, 15-plates.) Acceptable substitutes are: Farnsworth Lantern, Keystone Orthoscope, Keystone Telebinocular, OPTEC 2000, Titmus Vision Tester, and Titmus II Vision Tester.

6. A Wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper), and a 2-mm white test object (may be a pin), in a suitable handle of the same color as the background).

7. Other vision test equipment that is acceptable as a replacement for 1 through 4 above includes the American Optical Company Site-Screener, Bausch and Lomb Orthorator, Keystone Orthoscope or Telebinocular, Titmus Vision Tester, or Stereo Optical Co., OPTEC 2000 VISION TESTER.

8. Standard physician diagnostic instruments and aids including those necessary to perform urinalysis.

9. Special equipment required for Senior Aviation Medical Examiners.

a. Access to electrocardiographic equipment with electronic transmission capability.

b. Standard pure tone audiometer. An acceptable audiometer is one calibrated to American National Standards Institute (ANSI) - 1969 standards and capable of determining, with 5 decibels (dB) precision, from Audiometer 0 to 50 dB, the applicant's thresholds to pure tones at 500, 1,000, 2,000, and 4,000 hertz (Hz).

APPENDIX 2

REQUIRED EQUIPMENT

1. Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane. FAA Form 8500-1, Near Vision Acuity Card may be used for near testing.

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6. A Wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper), and a 2-mm white test object (may be a pin), in a suitable handle of the same color as the background).

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a. Access to electrocardiographic equipment with electronic transmission capability.

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APPENDIX 3

AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION
FAA Form 8520-2

DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION

PRIVACY ACT STATEMENT

The information on this form is solicited under the authority of the Federal Aviation Act of 1958, as amende and Federal Aviation Regulations.

No designation as Aviation Medical Examiner may be made unless a completed application form has be received (49 USC 1355; 14 CFR 183.11).

The purpose of this information is to consider the applicant's qualifications and suitability to act as an Aviati Medical Examiner for the Federal Aviation Administration (FAA). It also is used for publication of Aviati Medical Examiner directories and for other statistical purposes.

Submission of your Social Security Number (SSN) is not required by law and is voluntary. Your refusal furnish your SSN will not result in the denial of your application. Your SSN is solicited to assist in performi the agency's functions under the Federal Aviation Act of 1958, as amended, and if supplied, will be used query national and/or state data banks to verify your medical credentials.

INSTRUCTIONS

1. In making application for designation as an Aviation Medical Examiner (AME), it is understood that, designated, you will accept the conditions listed below. It is also understood you will read Order 8520 as amended, which contains additional details and which controls the. preparation of this application a the duties and responsibilities you will assume upon designation as an AME.
2. Submit your application in duplicate to the Federal Aviation Administration Regional Flight Surgeon your locality; use the two white application forms inserted loosely between the cover sheets for this purpo The yellow form attached to this instruction sheet is provided for your convenience as a worksheet the preparation of the forms you submit and as your file copy.
3. Retain this instruction sheet for your files since it contains the conditions of your acceptance.
4. Please attach to your application: letters of reference from three physicians practicing in your geograpl area or a statement from the local or state medical society or osteopathic association in the locality your practice tha you are a member in good standing; your signed statement regarding any adverse actia in respect to your licensure to practice medicine and any felony actions; and copies of your medical sch diploma, certificate of any postgraduate professional training, state license to practice medicine, certificati by a specialty board and certification of current valid state license(s).

GENERALINFORMATION

The Federal Aviation Administration uses an Aviation Medical Examiner System to conduct examinations and apply physical standards prescribed in the Federal Aviation Regulations. Aviation Medical Examiners are authorized to assess airman physical fitness and to issue, to defer or deny issuance of FAA medical certificates. The responsibility and trust associated with designation as an AME may necessitate investigation to determine the applicant's personal suitability. The information requested on this application may be used to facilitate that investigation.

Practicing, fully licensed physicians in good standing with their communities are designated on the basis of training and experience, adequacy of facilities for performing the prescribed examinations, the need for examiners in the geographic area, and the requirements of the aircraft accident investigation program. Training or experience in a particular medical specialty may sometimes be required because of particular agency needs.

Designation as an AME authorizes the physician to perform the medical examination of commercial airmen (Class II) and student and private pilots (Class Ill), and to issue, to defer or deny issuance of FAA Medical Certificates. Designation as a Senior Aviation Medical Examiner-to examine airmen of all classes, including airline transport pilots (Class I)-requires 3 years experience as an AME and additional equipment. All designations are made for 1 year and, in addition to other criteria specified in Order 8520.2, as amended, renewal is contingent upon the interest of the AME, accuracy and number of examinations performed, and overall participation in the aviation medicine seminar program. Final determination relative to the designation of an AME is made by the FAA.

In addition to those items normally needed for performance of a general medical examination, the equipment listed in Appendix 3 to Order 8520.2, as amended is required for all examiners. Upon notification of your acceptance as an AME, and before final designation, you will be asked to certify that this equipment has been acquired.

The FAA does not supply any medical equipment needed in the conduct of physical examinations except the Near Vision Acuity Chart, but will furnish complete instructions and forms. Most of the required medical equipment may be obtained from local medical supply companies. The hand Maddox rod and horizontal prism bar are manufactured by the R.O. Gulden Company, 225 Cadwalader Avenue, Elkins Park, Pennsylvania 19117.

An airman may obtain the required FAA medical examination from any designated AME. The fee for the examination is paid by the airman examined. The amount of fee should be governed by the prevailing rate for similar services in the locality.

CONDITIONS OF DESIGNATION AS AVIATION MEDICAL EXAMINER

As conditions of designation as an Aviation Medical Examiner, the designee must:

1. Become thoroughly familiar with instructions regarding evaluation and documentation of medical history. Become familiar with instructions concerning the proper technique of physical examination of airmen. Consider the aviation medicine significance of all medical tests, lab reports, consultation reports and other medical information available. Become familiar with the provisions of the Federal Aviation Regulations, Part 67, and the instructions in the "Guide for Aviation Medical Examiners." Considering all medical information available, be able to make a proper decision to issue, defer to FAA or to deny airman certification;
2. Abide by the rules and regulations of the Federal Aviation Administration;
3. Personally perform the medical examination of applicants for airman certificates. Under certain circumstances other physicians or paraprofessional personnel may be permitted to perform specialized parts of such examinations. The examiner, however, must certify the examination and is responsible for its accuracy and completeness;
4. Be at all times informed regarding progress in aviation medicine;
5. Attend an FAA conducted AME Seminar and an Aviation Medical Certifications Standards and Procedures Workshop prior to designation. Subsequent to completion of the initial seminar and the workshop, supervised post-graduate education in aviation medicine is required within each 3-year interval to be considered for redesignation.
6. Assure that a member of the physician's staff attends required Aviation Medical Certification Standards and procedures Workshops;
7. Inform the FAA of any change of address;
8. Inform the FAA of any investigations, indictments, or pending actions in any local, state, or Federal court; and
9. Inform the FAA of any actions against your medical license by State licensing boards; or any actions to remove or restrict your medical privileges by any hospital or specialty board.

If at any time after designation there is discovered any error, omission, misrepresentation or concealment Of material fact in this application, this will be regarded as sufficient reason for the termination of such a designation.

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The Federal Aviation Administration uses an Aviation Medical Examiner System to conduct examinations and apply physical standards prescribed in the Federal Aviation Regulations. Aviation Medical Examiners are authorized to assess airman physical fitness and to issue, to defer or deny issuance of FAA medical certificates. The responsibility and trust associated with designation as an AME may necessitate investigation to determine the applicant's personal suitability. The information requested on this application may be used to facilitate that investigation.

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Designation as an AME authorizes the physician to perform the medical examination of commercial airmen (Class II) and student and private pilots (Class Ill), and to issue, to defer or deny issuance of FAA Medical Certificates. Designation as a Senior Aviation Medical Examiner-to examine airmen of all classes, including airline transport pilots (Class I)-requires 3 years experience as an AME and additional equipment. All designations are made for 1 year and, in addition to other criteria specified in Order 8520.2, as amended, renewal is contingent upon the interest of the AME, accuracy and number of examinations performed, and overall participation in the aviation medicine seminar program. Final determination relative to the designation of an AME is made by the FAA.

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1. Become thoroughly familiar with instructions regarding evaluation and documentation of medical history. Become familiar with instructions concerning the proper technique of physical examination of airmen. Consider the aviation medicine significance of all medical tests, lab reports, consultation reports and other medical information available. Become familiar with the provisions of the Federal Aviation Regulations, Part 67, and the instructions in the "Guide for Aviation Medical Examiners." Considering all medical information available, be able to make a proper decision to issue, defer to FAA or to deny airman certification;
2. Abide by the rules and regulations of the Federal Aviation Administration;
3. Personally perform the medical examination of applicants for airman certificates. Under certain circumstances other physicians or paraprofessional personnel may be permitted to perform specialized parts of such examinations. The examiner, however, must certify the examination and is responsible for its accuracy and completeness;
4. Be at all times informed regarding progress in aviation medicine;
5. Attend an FAA conducted AME Seminar and an Aviation Medical Certifications Standards and Procedures Workshop prior to designation. Subsequent to completion of the initial seminar and the workshop, supervised post-graduate education in aviation medicine is required within each 3-year interval to be considered for redesignation.
6. Assure that a member of the physician's staff attends required Aviation Medical Certification Standards and procedures Workshops;
7. Inform the FAA of any change of address;
8. Inform the FAA of any investigations, indictments, or pending actions in any local, state, or Federal court; and
9. Inform the FAA of any actions against your medical license by State licensing boards; or any actions to remove or restrict your medical privileges by any hospital or specialty board.

If at any time after designation there is discovered any error, omission, misrepresentation or concealment Of material fact in this application, this will be regarded as sufficient reason for the termination of such a designation.

E. GENERAL INFORMATION

QUESTIONS (*If you check "Yes" explain in detail under remarks)*	YES	NO
1. Is your license to practice medicine/surgery limited or restricted in any way?		
2. Has you license to practice medicine/surgery ever been suspended or revoked?		
3. Has you application for renewal of your license or medical registration to practice medicine and surgery ever been denied.		
4. Have you ever been charged or convicted of violation of any state or Federal law pertaining to controlled or habit-forming drugs or narcotics?		
5. Has the Drug Enforcement Administration ever proposed or taken any action against you that would limit your ability to practice medicine/surgery?		
6. Has any action every been taken to restrict or limit your privilege to practice medicine/surgery by a hospital or specialty board?		

F. REMARKS

REFERENCE ITEM NUMBERS WHEN EXPLAINING PREVIOUS ENTRIES AND WHEN ATTACHING INFORMATION

G. CERTIFICATION

I hereby certify that the information provided herein and in attachments is true and correct to the best of my knowledge and belief. I agree to the Conditions of designation which accompany this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct of FAA medical examination.

Date	APPLICANT *(Typed name/signature)*	PROFESSIONAL DEGREE

H. FAA USE ONLY

This application has been reviewed; references have been investigated and/or it has otherwise been determied that the applicant

☐ MEETS ☐ DOES NOT MEET the professional standards required for designation as an aviation medical examiner.

☐ DESIGNATION NOT MADE FOR THE FOLLOWING REASONS:

APPLICANT DESIGNATED AS	SERIAL NUMBER
☐ Senior Aviation Medical Examiner ☐ Aviation Medical Examiner	

DATE

DESIGNATION ACTION COMPLETED	APPLICANT'S ACCEPTANCE RECEIVED	SUPPLIES/INSTRUCTIONS ISSUED

REGION	DATE	REGIONAL FLIGHT SURGEON/AUTHORIZED REPRESENTATIVE *(Signature)*

NOTE TO REGIONAL FLIGHT SURGEON: When designation action is completed, send duplicate copy to Aeromedical Education Division, Oklahoma City, Oklahoma 73125; retain original for your file.

DUPLICATE RECEIVED IN AAM-400

DATE	BY

E. GENERAL INFORMATION

QUESTIONS (*If you check "Yes" explain in detail under remarks)*	YES	NO
1. Is your license to practice medicine/surgery limited or restricted in any way?		
2. Has you license to practice medicine/surgery ever been suspended or revoked?		
3. Has you application for renewal of your license or medical registration to practice medicine and surgery ever been denied.		
4. Have you ever been charged or convicted of violation of any state or Federal law pertaining to controlled or habit-forming drugs or narcotics?		
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DUPLICATE RECEIVED IN AAM-400

DATE	BY

You hove been recommended by responsible agency authority for appointment/reappointment as on AVIATION MEDICAL EXAMINER Please indicate below your desire to accept or reject this appointment.

☐ I DO ACCEPT this appointment and state I am in good standing with the State Medical Society and/or Osteopathic Association.

(Date) (Signature)

Confirm your acceptance by signing above and returning the left hand portion of the form In the enclosed envelope. Sign, detach and retain the identification card at the right.

☐ I DO NOT ACCEPT this appointment. I am returning the complete form in the enclosed envelope. (Sign below.)

(Date) (Signature)

FAILURE TO RETURN THE APPROPRIATE PORTION(S) OF THIS FORM WILL RESULT IN TERMINATION OF YOUR APPOINTMENT.

AVIATION MEDICAL EXAMINER
IDENTIFICATION CARD

United States of America
Department of Transportation—Federal Aviation Administration

This is to certify that

b appointed an

AVIATION MEDICAL EXAMINER
by the Federal Aviation Administration for one year
ending on the last day of

Signature of Bearer Number

Signature of Authorizing Officer

PROPERTY OF THE U.S. GOVERNMENT

WARNING—Counterfeiting, altering, or misusing this card is In violation of U.S. Code, Title 18. Section 499.

This card must be surrendered on termination of duty or on demand of proper authority.

IF FOUND: Drop this card in any U.S. Mailbox. Return to Civil Aeromedical Institute, FAA Aeronautical Center, P.O. BOX 25082, OKLAHOMA CITY, OKLAHOMA 731215.
IF LOST: Promptly report loss or theft of this card to the preceding address.

AVIATION MEDICAL EXAMINER
IDENTIFICATION CARD

You hove been recommended by responsible agency authority for appointment/reappointment as on AVIATION MEDICAL EXAMINER Please indicate below your desire to accept or reject this appointment.

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Appendix E

Federal Aviation Administration
Flight Standards District Offices (FSDO's)

Appendix E

Federal Aviation Administration
Flight Standards District Offices (FSDO's)

FLIGHT STANDARDS DISTRICT OFFICES

Alaskan Region

Anchorage
4510 W. International Airport Road
Suite 302
Anchorage, Alaska 99502
(907) 243-l 902

Fairbanks
6348 Old Airport Way
Fairbanks, Alaska 99709
(907) 474-0276

Juneau
1910 Alex Holden Way
Juneau, Alaska 99801
(907) 789-0231

Central Region

Des Moines
3021 Army Post Road
Des Moines, Iowa 50321
(515) 285-9895

Kansas City
535 Mexico City Avenue
Kansas City International Airport
Kansas City, Missouri 64153
(8 16) 243-3800

Lincoln
General Aviation Building
Lincoln Municipal Airport
Lincoln, Nebraska 68524
(402) 437-5485

St. Louis
10801 Pear Tree Lane
Suite 200
St. Ann, Missouri 63074
(314) 429-l 00

FLIGHT STANDARDS DISTRICT OFFICES

Alaskan Region

Anchorage
4510 W. International Airport Road
Suite 302
Anchorage, Alaska 99502
(907) 243-l 902

Fairbanks
6348 Old Airport Way
Fairbanks, Alaska 99709
(907) 474-0276

Juneau
1910 Alex Holden Way
Juneau, Alaska 99801
(907) 789-0231

Central Region

Des Moines
3021 Army Post Road
Des Moines, Iowa 50321
(515) 285-9895

Kansas City
535 Mexico City Avenue
Kansas City International Airport
Kansas City, Missouri 64153
(8 16) 243-3800

Lincoln
General Aviation Building
Lincoln Municipal Airport
Lincoln, Nebraska 68524
(402) 437-5485

St. Louis
10801 Pear Tree Lane
Suite 200
St. Ann, Missouri 63074
(314) 429-l 00

New York
181 South Franklin Avenue
4th Floor
Valley Stream, New York 11681
(718) 917-I 848

Philadelphia
Scott Plaza **#2,** 4th Floor
Philadelphia, Pennsylvania 19113
(215) 596-0673

Pittsburgh
Allegheny County Airport
Room 213, Terminal Building
West Mifflin
Pittsburgh, Pennsylvania 15122
(412) 462-5507

Pittsburgh
One Thorn Run Center
1187 Thorn Run Extension
Coraopolis, Pennsylvania 15108
(412) 644-5406

Richmond
Byrd International Airport
Terminal Building, 2nd Floor
Sandston, Virginia 23150
(804) 222-7494

Rochester
Rochester Monroe County Airport (716) 263-5880
1 Airport Way, Suite 100
Rochester, New York 14624

Te terboro
150 Fred Wehran Drive, Room 5
Teterboro Airport
Teterboro, New Jersey 07608
(201) *288-I 745*

Washington
P.O. Box 17325
Washington Dulles Airport
Washington, D.C. 20041
(703) *661-8160*

New York
181 South Franklin Avenue
4th Floor
Valley Stream, New York 11681
(718) 917-I 848

Philadelphia
Scott Plaza **#2,** 4th Floor
Philadelphia, Pennsylvania 19113
(215) 596-0673

Pittsburgh
Allegheny County Airport
Room 213, Terminal Building
West Mifflin
Pittsburgh, Pennsylvania 15122
(412) 462-5507

Pittsburgh
One Thorn Run Center
1187 Thorn Run Extension
Coraopolis, Pennsylvania 15108
(412) 644-5406

Richmond
Byrd International Airport
Terminal Building, 2nd Floor
Sandston, Virginia 23150
(804) 222-7494

Rochester
Rochester Monroe County Airport (716) 263-5880
1 Airport Way, Suite 100
Rochester, New York 14624

Te terboro
150 Fred Wehran Drive, Room 5
Teterboro Airport
Teterboro, New Jersey 07608
(201) *288-I 745*

Washington
P.O. Box 17325
Washington Dulles Airport
Washington, D.C. 20041
(703) *661-8160*

Grand Rapids

Kent County International Airport
Terminal Building
5500 44th Street, S.E.
Grand Rapids, Michigan 49508
(616) 456-2427

Indianapolis

International Airport
6801 Pierson Drive
Indianapolis, Indiana 46241
(317) 247-2491

Milwaukee

4915 South Howell Avenue
Milwaukee, Wisconsin 53207
(414) 747-5531

Minneapolis

Minneapolis-St. Paul lnterational Airport
6020 28th Avenue South
Minneapolis, Minnesota 55450
(612) 725-4211

ORD

9950 W. Lawrence Avenue
Suite 400
Schiller Park, Illinois 60176
(312) 353-7817

Rapid City

Rapid City Regional Airport
Rural Route 2, Box 4750
Rapid City, South Dakota 57701
(605) 393-l 359

South Bend

Michiana Regional Airport
1843 Commerce Drive
South Bend, Indiana 46628
(219) 236-8480

Springfield

#3 North Airport Drive
Capital Airport
Springfield, Illinois 62708
(2 17) 492-4238

Grand Rapids

Kent County International Airport
Terminal Building
5500 44th Street, S.E.
Grand Rapids, Michigan 49508
(616) 456-2427

Indianapolis

International Airport
6801 Pierson Drive
Indianapolis, Indiana 46241
(317) 247-2491

Milwaukee

4915 South Howell Avenue
Milwaukee, Wisconsin 53207
(414) 747-5531

Minneapolis

Minneapolis-St. Paul lnterational Airport
6020 28th Avenue South
Minneapolis, Minnesota 55450
(612) 725-4211

ORD

9950 W. Lawrence Avenue
Suite 400
Schiller Park, Illinois 60176
(312) 353-7817

Rapid City

Rapid City Regional Airport
Rural Route 2, Box 4750
Rapid City, South Dakota 57701
(605) 393-l 359

South Bend

Michiana Regional Airport
1843 Commerce Drive
South Bend, Indiana 46628
(219) 236-8480

Springfield

#3 North Airport Drive
Capital Airport
Springfield, Illinois 62708
(2 17) 492-4238

Salt Lake City
116 North 2400 West
Salt Lake City, Utah 84116
(801) 524-4247

Seattle
1601 Lind Avenue, S.W.
Renton, Washington 98055
(206) 227-2870

Southern

Birmingham
Municipal Airport
FSS/WB Building
6500 43rd Avenue North
Birmingham, Alabama 35206
(60 1) 965-4633

Caribbean
Luis Munoz Marin International Airport
Room 203-A
San Juan, Puerto Rico 00913
9-l -809-791-5050

Charlotte
Douglas Municipal Airport
FAA Building
5318 Morris Field Drive
Charlotte, North Carolina 28208
(704) 359-8471

College Park
1680 Phoenix Parkway
2nd Floor
College Park, Georgia 30349
(404) 994-5279

Ft. Lauderdale
Ft. Lauderdale, Florida 33315
286 S.W. 34th Street
(305) 463-4841

Salt Lake City
116 North 2400 West
Salt Lake City, Utah 84116
(801) 524-4247

Seattle
1601 Lind Avenue, S.W.
Renton, Washington 98055
(206) 227-2870

Southern

Birmingham
Municipal Airport
FSS/WB Building
6500 43rd Avenue North
Birmingham, Alabama 35206
(60 1) 965-4633

Caribbean
Luis Munoz Marin International Airport
Room 203-A
San Juan, Puerto Rico 00913
9-l -809-791-5050

Charlotte
Douglas Municipal Airport
FAA Building
5318 Morris Field Drive
Charlotte, North Carolina 28208
(704) 359-8471

College Park
1680 Phoenix Parkway
2nd Floor
College Park, Georgia 30349
(404) 994-5279

Ft. Lauderdale
Ft. Lauderdale, Florida 33315
286 S.W. 34th Street
(305) 463-4841

Salt Lake City
116 North 2400 West
Salt Lake City, Utah 84116
(801) 524-4247

Seattle
1601 Lind Avenue, S.W.
Renton, Washington 98055
(206) 227-2870

Southern

Birmingham
Municipal Airport
FSS/WB Building
6500 43rd Avenue North
Birmingham, Alabama 35206
(60 1) 965-4633

Caribbean
Luis Munoz Marin International Airport
Room 203-A
San Juan, Puerto Rico 00913
9-l -809-791-5050

Charlotte
Douglas Municipal Airport
FAA Building
5318 Morris Field Drive
Charlotte, North Carolina 28208
(704) 359-8471

College Park
1680 Phoenix Parkway
2nd Floor
College Park, Georgia 30349
(404) 994-5279

Ft. Lauderdale
Ft. Lauderdale, Florida 33315
286 S.W. 34th Street
(305) 463-4841

Dallas/Ft. Worth

Dallas/Ft. Worth International Airport
Parkway Plaza, Room 805
P.O. Box 619020
DFW Airport, Texas 75261
(214) 574-2150

Houston

Hobby Airport
8800 Paul B. Koonce Drive
Room 152
Houston, Texas 77061
(713) 643-6504

Little Rock

1701 Bond Street
Little Rock, Arkansas 72202
(501) 378-5565

Lubbock

International Airport
Route 3, Box 51
Lubbock, Texas 7940 1
(806) 762-0335

Oklahoma City

1300 South Meridian
Suite 601
Oklahoma City, Oklahoma 73108
(405) 231-4196

San Antonio

10100 Reunion Place
Suite 200
San Antonio, Texas 78216
(512) 341-4371

Western-Pacific

Fresno

Fresno Air Terminal
4955 E. Anderson
Suite 110
Fresno, California 93727
(209) 487-5306

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Western-Pacific

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4955 E. Anderson
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Fresno, California 93727
(209) 487-5306

Sacramento

Sacramento Executive Airport
6107 Freeport Boulevard
Sacramento, California 95822
(916) 551-1721

San Diego

8665 Gibbs Drive, Suite 110
San Diego, California 92123
(619) 557-5281

San Francisco

831 Mitten Road, Room 203
Burlingame, California 94010
(415) 876-2771

San Jose

San Jose Municipal Airport
1250 Aviation Avenue
Suite 295
San Jose, California 95110
(408) 291-7681

Scottsdale

Scottsdale Municipal Airport
15041 North Airport Drive
Scottsdale, Arizona 85260
(602) 640-2561

Van Nuys

Skylan Building, Suite 330
16501 Sherman Way
Van Nuys, California 91406
(818) 904-6291

Sacramento

Sacramento Executive Airport
6107 Freeport Boulevard
Sacramento, California 95822
(916) 551-1721

San Diego

8665 Gibbs Drive, Suite 110
San Diego, California 92123
(619) 557-5281

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